



पेंशन निधि विनियामक एवं विकास प्राधिकरण
PENSION FUND REGULATORY AND DEVELOPMENT AUTHORITY



PFRDA/05/03/0018/2017-HR

21.02.2023

To,

Various General Insurance companies,

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

Pension Fund Regulatory and Development Authority (PFRDA) is a statutory regulatory body set up to regulate and develop the pension sector in India, with its Head Office located in New Delhi. PFRDA proposes to purchase a Group Medi-claim (Family Floater) policy for its officers/staff and their dependent family members for a period of one year, i.e. **01.04.2023 to 31.03.2024**.

2. At present, the coverage under the GMC (family floater) policy is to be provided for a total of 233 members, i.e. existing 78 officers/ staff members (including 05 retired employees) and their 155 dependents for a total sum insured of **Rs. 21,27,50,000/-**. The list of the officials/staff and their dependents along with the respective sum insured, date of birth, etc. is enclosed as **Annexure – I**.

3. The policy should provide comprehensive medical insurance coverage including maternity benefits, etc. on the similar terms and conditions as per the earlier Group Medi-claim policy of PFRDA. The copy of the earlier GMC policy is enclosed herewith for reference as **Annexure – II**. Further, the details of the amount claimed by PFRDA for the policy period 01.04.2020 to 31.03.2021, 01.04.2021 to 31.03.2022 and 01.04.2022 till date along with Claim Dump for the said period is given at **Annexure – III**. The details of premium paid during the last three years is given at **Annexure – IV**. The claim dump and MIS for FY 2022-23 as on 31.01.2023 is enclosed as **Annexure – V**.

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

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

b. Maternity Benefit Cover - Rs. 1,00,000/- for Normal and Rs. 1,50,000/- for

James

Caesarean delivery, without any waiting period for all existing and new employees or his/her spouse.

c. Day one cover for New Born baby covered within Family Floater sum insured.

d. Mid-term inclusion of spouse on account of marriage during the course of policy.

e. Coverage for new joinees and their dependents from the date of joining.

f. Pre-existing diseases to be covered.

g. 30 days and first year exclusions to be waived off (including for new joinees and their dependents).

h. No capping/restriction on the room rent charges, cost of surgeries etc.

i. Pre and Post Hospitalization expenses coverage for 30 and 60 days respectively.

j. Co-payment clause, if any, to be waived off.

k. Age bracket from 0 to 100 years, i.e., Maximum Age of any member in the group (now and future inclusions):100 years.

l. Refund of premium on account of Mid-term Deletion/separation of members to be allowed from the date of separation.

m. Psychiatric Treatment subject to Hospitalisation.

n. Ambulance Charges – at actuals.

o. Eye Treatment: Cataract Surgery to be covered up to 10% of sum assured, Refractive Eyesight Correction above ± 5 diopter, Cost/ Treatment for Injections (Avastin, Lucentis, etc.) with a ceiling of Rs. 1,00,000/- per person.

p. Corporate Buffer equal to sum insured may be limited to Rs. 35,00,000/-.

q. Premium coverage based on Mumbai Zone.

r. Ayurvedic treatment from Government Hospital/ Institute recognized by Government/ Accredited by Quality Council of India or NABH.

5. You are requested to submit the bids considering the existing group size, sum insured and the terms and conditions (as per previous policy enclosed herewith) for premium payable by PFRDA on annual basis for the Group Medi-claim policy. The bids in a sealed cover superscribed "Quotation for Group Medi-



claim Policy" should reach latest by 1600 Hrs on 14.03.2023 (Tuesday) at the following address: -

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

6. The pre-bid meeting shall be held on 28.02.2023 (Tuesday) at 15:30 Hrs. and the bids shall be opened on 14.03.2023 (Tuesday) at 16:30 Hrs., in the office premises of PFRDA as per above mentioned address. The bids sent by Fax or e-mail will not be considered.

7. General Terms & Conditions

a. Identity Cards to all the officials/staff and their dependents to be provided within one month of the start of the insurance cover.

b. There should be a dedicated helpline (24*7) of the TPA of the Insurance Company available and the contact details should be furnished after the start of the insurance cover.

c. In case of reimbursement to the official/staff, the same should be paid to the official/staff within 15 working days from the submission of the claim documents.

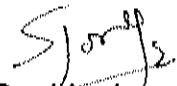
d. The response time by the TPA at the time of admission should be maximum six hours.

e. The Claim Statement is to be furnished by the Insurance Company to PFRDA on quarterly basis.

f. All matters pertaining to this shall be subject to the jurisdiction of the courts in New Delhi only.

8. The Bid is to be submitted for the basic sum insured of Rs. 21,27,50,000/- as per format given in Annexure VI.

Yours faithfully,



[Sachin Joneja]

General Manager (HR & Admin)
Tele. No. 011 – 26543115

List of PFRDA Officials & Dependent Family Members for GMC Policy 2023-2024

| S. No. | Name of the Employee/Dependent | Employee No. | Designation | Date of Joining | Relation with the employee | Date of Birth | Age completed in years (as on 01.04.2023) | Sum Insured |
|---------------|---------------------------------------|---------------------|--|------------------------|-----------------------------------|----------------------|--|--------------------|
| 1 | Employee no. 1 | 85 | Whole Time Member (Finance) | October 01, 2020 | Self | 5/Apr/1963 | 59 | 5,000,000 |
| 2 | Dependent no.1 | | | | Wife | 25/Oct/1966 | 56 | |
| 3 | Employee no. 2 | 81 | Chairperson (Retd.) | February 21, 2020 | Self | 17/Jan/1958 | 65 | 5,000,000 |
| 4 | Dependent no.1 | | | | Wife | 7/Nov/1965 | 57 | |
| 5 | Employee no. 3 | 82 | Whole Time Member (Law) (Retd.) | March 03, 2020 | Self | 5/May/1960 | 62 | 5,000,000 |
| 6 | Dependent no.1 | | | | Wife | 19/Aug/1966 | 56 | |
| 7 | Employee no. 4 | 83 | Whole Time Member (Economics) (Retd.) | September 01, 2020 | Self | 1/Jun/1960 | 62 | 5,000,000 |
| 8 | Employee no. 5 | 1 | Executive Director (Retd.) | October 1, 2009 | Self | 24-Apr-58 | 64 | |
| 9 | Dependent no.1 | | | | Wife | 05-Jan-59 | 64 | 3,750,000 |
| 10 | Employee no. 6 | 21 | Executive Director | January 2, 2012 | Self | 29/Sep/1964 | 58 | |
| 11 | Dependent no.1 | | | | Wife | 19/May/1973 | 49 | |
| 12 | Dependent no.2 | | | | Daughter | 28/Sep/1996 | 26 | |
| 13 | Employee no. 7 | 6 | Executive Director | July 1, 2011 | Self | 20/Apr/1967 | 55 | 3,750,000 |
| 14 | Dependent no.1 | | | | Husband | 21/Jun/1965 | 57 | |
| 15 | Employee no. 8 | 93 | Executive Director | Auguts 9, 2021 | Self | 30/Apr/1969 | 53 | 3,750,000 |
| 16 | Dependent no.1 | | | | Wife | 23/May/1975 | 47 | |
| 17 | Dependent no.2 | | | | Daughter | 27/Jan/1999 | 24 | |
| 18 | Employee no. 9 | 11 | Executive Director | July 22, 2011 | Self | 17/Nov/1970 | 52 | |
| 19 | Dependent no.1 | | | | Husband | 21/Jan/1967 | 56 | 3,750,000 |
| 20 | Dependent no.2 | | | | Son | 5/Oct/2010 | 12 | |
| 21 | Employee no. 10 | 5 | Executive Director | June 27, 2011 | Self | 10/Aug/1968 | 54 | |
| 22 | Dependent no.1 | | | | Wife | 19/Jan/1974 | 49 | |
| 23 | Dependent no.2 | | | | Daughter | 17/Aug/2002 | 20 | 3,750,000 |
| 24 | Employee no. 11 | 116 | Executive Director | October 01, 2020 | Self | 5/Jan/1976 | 47 | |
| 25 | Dependent no.1 | | | | Wife | 11/Feb/1979 | 44 | |
| 26 | Dependent no.2 | | | | Daughter | 11/Oct/2004 | 18 | |
| 27 | Employee no. 12 | 28 | Chief General Manager (Retd.) | February 15, 2012 | Self | 1/Nov/1958 | 64 | 3,000,000 |
| 28 | Dependent no.1 | | | | Wife | 14-Sep-59 | 63 | |
| 29 | Employee no. 13 | 10 | Chief General Manager | July 21, 2011 | Self | 2/Apr/1968 | 54 | 3,000,000 |
| 30 | Dependent no.1 | | | | Wife | 19/Sep/1973 | 49 | |
| 31 | Dependent no.2 | | | | Son | 24/Jun/2000 | 22 | |
| 32 | Employee no. 14 | 13 | Chief General Manager | July 29, 2011 | Self | 27/May/1971 | 51 | |
| 33 | Dependent no.1 | | | | Wife | 16/Feb/1975 | 48 | 3,000,000 |
| 34 | Dependent no.2 | | | | Daughter | 15/Sep/2003 | 19 | |
| 35 | Dependent no.3 | | | | Daughter | 23/Dec/2006 | 16 | |
| 36 | Dependent no.4 | | | | Father | 6/Jul/1943 | 79 | |
| 37 | Dependent no.5 | | | | Mother | 15/Jun/1948 | 74 | |
| 38 | Employee no. 15 | 16 | Chief General Manager | September 21, 2011 | Self | 19/Feb/1974 | 49 | 3,000,000 |
| 39 | Dependent no.1 | | | | Mother | 7/Feb/1944 | 79 | |
| 40 | Dependent no.2 | | | | Wife | 6/May/1980 | 42 | |

| S. No. | Name of the Employee/Dependent | Employee No. | Designation | Date of Joining | Relation with the employee | Date of Birth | Age competed in years (as on 01.04.2023) | Sum Insured |
|---------------|---------------------------------------|---------------------|------------------------------|------------------------|-----------------------------------|----------------------|---|--------------------|
| 41 | Dependent no.3 | | | | Son | 22/Oct/2005 | 17 | 3,000,000 |
| 42 | Dependent no.4 | | | | Daughter | 7/May/2008 | 14 | |
| 43 | Employee no. 16 | 39 | Chief General Manager | March 2, 2012 | Self | 18/Apr/1972 | 50 | |
| 44 | Dependent no.1 | | | | Father | 9/Jan/1945 | 78 | |
| 45 | Dependent no.2 | | | | Mother | 1/May/1950 | 72 | |
| 46 | Dependent no.3 | | | | Wife | 14/Nov/1975 | 47 | |
| 47 | Dependent no.4 | | | | Son | 30/Jul/2001 | 21 | |
| 48 | Dependent no.5 | | | | Son | 2/Nov/2009 | 13 | |
| 49 | Employee no. 17 | 15 | Chief General Manager | September 9, 2011 | Self | 10/Apr/1976 | 46 | 3,000,000 |
| 50 | Dependent no.1 | | | | Wife | 22/Jun/1982 | 40 | |
| 51 | Dependent no.2 | | | | Son | 7/Feb/2004 | 19 | |
| 52 | Dependent no.3 | | | | Daughter | 26/Jan/2008 | 15 | |
| 53 | Employee no. 18 | 17 | Chief General Manager | September 28, 2011 | Self | 13/Nov/1975 | 47 | 3,000,000 |
| 54 | Dependent no.1 | | | | Wife | 5/Feb/1982 | 41 | |
| 55 | Dependent no.2 | | | | Daughter | 5/Oct/2010 | 12 | |
| 56 | Dependent no.3 | | | | Son | 27/Jan/2015 | 8 | |
| 57 | Dependent no.4 | | | | Father | 1/Aug/1950 | 72 | |
| 58 | Dependent no.5 | | | | Mother | 13/Jul/1954 | 68 | |
| 59 | Employee no. 19 | 40 | Chief General Manager | March 23, 2012 | Self | 2/Jul/1973 | 49 | 3,000,000 |
| 60 | Dependent no.1 | | | | Wife | 16/May/1975 | 47 | |
| 61 | Dependent no.2 | | | | Son | 20/Dec/2004 | 18 | |
| 62 | Employee no. 20 | 7 | Chief General Manager | July 5, 2011 | Self | 22/Oct/1976 | 46 | 3,000,000 |
| 63 | Dependent no.1 | | | | Wife | 23/Feb/1978 | 45 | |
| 64 | Dependent no.2 | | | | Daughter | 6/Jul/2002 | 20 | |
| 65 | Dependent no.3 | | | | Daughter | 6/Oct/2007 | 15 | |
| 66 | Employee no. 21 | 20 | General Manager | December 21, 2011 | Self | 9/Mar/1978 | 45 | 3,000,000 |
| 67 | Dependent no.1 | | | | Mother | 15/Feb/1951 | 72 | |
| 68 | Dependent no.2 | | | | Wife | 26/Sep/1979 | 43 | |
| 69 | Dependent no.3 | | | | Son | 29/Jan/2009 | 14 | |
| 70 | Dependent no.4 | | | | Son | 4/May/2012 | 10 | |
| 71 | Employee no. 22 | 29 | General Manager | February 16, 2012 | Self | 26/Aug/1977 | 45 | |
| 72 | Dependent no.1 | | | | Wife | 1/Mar/1982 | 41 | |
| 73 | Dependent no.2 | | | | Daughter | 29/Apr/2012 | 10 | |
| 74 | Dependent no.3 | | | | Son | 30/Jan/2007 | 16 | |
| 75 | Dependent no.4 | | | | Father | 20/Oct/1943 | 79 | |
| 76 | Dependent no.5 | | | | Mother | 7/Jul/1951 | 71 | |
| 77 | Employee no. 23 | 36 | General Manager | February 29, 2012 | Self | 7/Oct/1979 | 43 | 3,000,000 |
| 78 | Dependent no.1 | | | | Spouse | 8/May/1978 | 44 | |
| 79 | Dependent no.2 | | | | Daughter | 15/May/2013 | 9 | |

| S. No. | Name of the Employee/Dependent | Employee No. | Designation | Date of Joining | Relation with the employee | Date of Birth | Age competed in years (as on 01.04.2023) | Sum Insured |
|---------------|---------------------------------------|---------------------|----------------------------------|------------------------|-----------------------------------|----------------------|---|--------------------|
| 80 | Dependent no.3 | | | | Father-in-law | 15/Dec/1945 | 77 | |
| 81 | Employee no. 24 | 12 | General Manager | July 26, 2011 | Self | 18/Oct/1975 | 47 | 3,000,000 |
| 82 | Dependent no.1 | | | | Husband | 8/Jul/1974 | 48 | |
| 83 | Dependent no.2 | | | | Daughter | 12/Jul/2012 | 10 | |
| 84 | Dependent no.3 | | | | Son | 22/Aug/2014 | 8 | |
| 85 | Employee no. 25 | 19 | General Manager | December 20, 2011 | Self | 20/May/1971 | 51 | 3,000,000 |
| 86 | Dependent no.1 | | | | Father | 27/Mar/1936 | 87 | |
| 87 | Dependent no.2 | | | | Mother | 6/Mar/1943 | 80 | |
| 88 | Dependent no.3 | | | | Sister | 26/Apr/1980 | 42 | |
| 89 | Dependent no.4 | | | | Daughter | 5/Oct/2020 | 2 | |
| 90 | Employee no. 26 | 22 | General Manager | January 24, 2012 | Self | 24/Apr/1976 | 46 | 3,000,000 |
| 91 | Dependent no.1 | | | | Daughter | 18/Jul/2013 | 9 | |
| 92 | Dependent no.2 | | | | Mother | 1/Sep/1947 | 75 | |
| 93 | Dependent no.3 | | | | Father | 10/Jul/1947 | 75 | |
| 94 | Employee no. 27 | 30 | General Manager | February 16, 2012 | Self | 14/May/1977 | 45 | 3,000,000 |
| 95 | Dependent no.1 | | | | Wife | 10/Jun/1980 | 42 | |
| 96 | Dependent no.2 | | | | Son | 5/Jul/2010 | 12 | |
| 97 | Employee no. 28 | 24 | Deputy General Manager | February 7, 2012 | Self | 25/Sep/1981 | 41 | 3,000,000 |
| 98 | Dependent no.1 | | | | Husband | 19/Sep/1981 | 41 | |
| 99 | Dependent no.2 | | | | Daughter | 23/Dec/2015 | 7 | |
| 100 | Employee no. 29 | 27 | Deputy General Manager | February 13, 2012 | Self | 25/Apr/1981 | 41 | 3,000,000 |
| 101 | Dependent no.1 | | | | Husband | 6/Dec/1981 | 41 | |
| 102 | Dependent no.2 | | | | Son | 27/Nov/2012 | 10 | |
| 103 | Dependent no.3 | | | | Son | 26/Jul/2016 | 6 | |
| 104 | Employee no. 30 | 33 | Deputy General Manager | February 24, 2012 | Self | 9/Mar/1982 | 41 | |
| 105 | Dependent no.1 | | | | Wife | 18/Oct/1985 | 37 | |
| 106 | Dependent no.2 | | | | Father | 7/May/1951 | 71 | |
| 107 | Dependent no.3 | | | | Son | 18/Apr/2020 | 2 | |
| 108 | Dependent no.4 | | | | Son | 18/Apr/2020 | 2 | |
| 109 | Employee no. 31 | 47 | Deputy General Manager | June 8, 2012 | Self | 17/May/1981 | 41 | 3,000,000 |
| 110 | Dependent no.1 | | | | Husband | 11/Oct/1978 | 44 | |
| 111 | Dependent no.2 | | | | Daughter | 22/Nov/2007 | 15 | |
| 112 | Dependent no.3 | | | | Mother-in-law | 29/Jul/1959 | 63 | |
| 113 | Dependent no.4 | | | | Son | 22/Mar/2018 | 5 | |
| 114 | Employee no. 32 | 48 | Deputy General Manager | June 11, 2012 | Self | 31/Jan/1977 | 46 | 3,000,000 |
| 115 | Dependent no.1 | | | | Son | 5/Feb/2013 | 10 | |
| 116 | Employee no. 33 | 49 | Deputy General Manager | September 17, 2012 | Self | 11/Jun/1982 | 40 | 3,000,000 |
| 117 | Dependent no.1 | | | | Daughter | 30/Nov/2013 | 9 | |
| 118 | Employee no. 34 | 2 | Assistant General Manager | October 1, 2009 | Self | 30/Jun/1977 | 45 | 2,250,000 |
| 119 | Dependent no.1 | | | | Sister | 2/Jul/1984 | 38 | |

| S. No. | Name of the Employee/Dependent | Employee No. | Designation | Date of Joining | Relation with the employee | Date of Birth | Age completed in years (as on 01.04.2023) | Sum Insured |
|---------------|---------------------------------------|---------------------|----------------------------------|------------------------|-----------------------------------|----------------------|--|--------------------|
| 120 | Employee no. 35 | 23 | Assistant General Manager | January 30, 2012 | Self | 2/Jan/1982 | 41 | 2,250,000 |
| 121 | Dependent no.1 | | | | Husband | 2/Jan/1980 | 43 | |
| 122 | Dependent no.2 | | | | Son | 21/Feb/2011 | 12 | |
| 123 | Dependent no.3 | | | | Father | 5/Mar/1952 | 71 | |
| 124 | Dependent no.4 | | | | Mother | 25/Sep/1961 | 61 | |
| 125 | Dependent no.5 | | | | Son | 17/Jul/2021 | 1 | |
| 126 | Employee no. 36 | 26 | Assistant General Manager | February 8, 2012 | Self | 28/Jan/1986 | 37 | 2,250,000 |
| 127 | Dependent no.1 | | | | Wife | 15/Nov/1989 | 33 | |
| 128 | Dependent no.2 | | | | Son | 14/Dec/2015 | 7 | |
| 129 | Employee no. 37 | 31 | Assistant General Manager | February 16, 2012 | Self | 16/Aug/1984 | 38 | 2,250,000 |
| 130 | Dependent no.1 | | | | Mother | 31/Jan/1955 | 68 | |
| 131 | Dependent no.2 | | | | Wife | 5/Jun/1984 | 38 | |
| 132 | Dependent no.3 | | | | Daughter | 30/Oct/2014 | 8 | |
| 133 | Dependent no.4 | | | | Daughter | 11/Feb/2020 | 3 | |
| 134 | Employee no. 38 | 32 | Assistant General Manager | February 17, 2012 | Self | 9/May/1984 | 38 | 2,250,000 |
| 135 | Dependent no.1 | | | | Wife | 30/Apr/1983 | 39 | |
| 136 | Dependent no.2 | | | | Daughter | 21/Jul/2016 | 6 | |
| 137 | Employee no. 39 | 34 | Assistant General Manager | February 24, 2012 | Self | 1/Jul/1984 | 38 | 2,250,000 |
| 138 | Dependent no.1 | | | | Wife | 15/Sep/1984 | 38 | |
| 139 | Dependent no.2 | | | | Father | 26/Mar/1958 | 65 | |
| 140 | Dependent no.3 | | | | Mother | 12/Dec/1962 | 60 | |
| 141 | Dependent no.4 | | | | Sister | 10/Oct/1992 | 30 | |
| 142 | Dependent no.5 | | | | Daughter | 9/May/2015 | 7 | |
| 143 | Dependent no.6 | | | | Daughter | 5/Apr/2022 | 0 | |
| 144 | Employee no. 40 | 38 | Assistant General Manager | March 1, 2012 | Self | 22/May/1986 | 36 | 2,250,000 |
| 145 | Dependent no.1 | | | | Wife | 26/Jan/1989 | 34 | |
| 146 | Dependent no.2 | | | | Father | 24/Sep/1953 | 69 | |
| 147 | Dependent no.3 | | | | Mother | 8/Sep/1956 | 66 | |
| 148 | Dependent no.4 | | | | Son | 28/Aug/2018 | 4 | |
| 149 | Dependent no.5 | | | | Daughter | 18/Nov/2020 | 2 | |
| 150 | Employee no. 41 | 41 | Assistant General Manager | April 2, 2012 | Self | 2/Nov/1983 | 39 | 2,250,000 |
| 151 | Dependent no.1 | | | | Wife | 17/Feb/1986 | 37 | |
| 152 | Dependent no.2 | | | | Daughter | 29/Nov/2010 | 12 | |
| 153 | Dependent no.3 | | | | Daughter | 14/Jun/2019 | 3 | |
| 154 | Employee no. 42 | 42 | Assistant General Manager | April 3, 2012 | Self | 17/Oct/1982 | 40 | 2,250,000 |
| 155 | Dependent no.1 | | | | Wife | 23/Oct/1982 | 40 | |
| 156 | Dependent no.2 | | | | Daughter | 5/May/2016 | 6 | |
| 157 | Employee no. 43 | 44 | Assistant General Manager | April 25, 2012 | Self | 21/May/1986 | 36 | 2,250,000 |
| 158 | Dependent no.1 | | | | Mother | 18/Feb/1961 | 62 | |

| S. No. | Name of the Employee/Dependent | Employee No. | Designation | Date of Joining | Relation with the employee | Date of Birth | Age competed in years (as on 01.04.2023) | Sum Insured |
|---------------|---------------------------------------|---------------------|----------------------------------|------------------------|-----------------------------------|----------------------|---|--------------------|
| 159 | Dependent no.2 | | | | Wife | 30/Jul/1991 | 31 | |
| 160 | Dependent no.3 | | | | Son | 19/Jun/2015 | 7 | |
| 161 | Employee no. 44 | 45 | Assistant General Manager | April 26, 2012 | Self | 17/Sep/1983 | 39 | 2,250,000 |
| 162 | Dependent no.1 | | | | Wife | 5/Oct/1985 | 37 | |
| 163 | Dependent no.2 | | | | Daughter | 6/May/2014 | 8 | |
| 164 | Employee no. 45 | 46 | Assistant General Manager | April 30, 2012 | Self | 25/Jan/1984 | 39 | 2,250,000 |
| 165 | Dependent no.1 | | | | Wife | 25/Aug/1988 | 34 | |
| 166 | Dependent no.2 | | | | Daughter | 5/Sep/2013 | 9 | |
| 167 | Employee no. 46 | 37 | Assistant General Manager | March 1, 2012 | Self | 23/Sep/1984 | 38 | 2,250,000 |
| 168 | Dependent no.1 | | | | Mother | 6/Jan/1960 | 63 | |
| 169 | Dependent no.2 | | | | Daughter | 3/Jul/2012 | 10 | |
| 170 | Employee no. 47 | 43 | Assistant General Manager | April 16, 2012 | Self | 31/Aug/1984 | 38 | 2,250,000 |
| 171 | Dependent no.1 | | | | Husband | 1/Jul/1984 | 38 | |
| 172 | Employee no. 48 | 56 | Manager | July 28, 2017 | Self | 28-Apr-91 | 31 | 2,250,000 |
| 173 | Dependent no.1 | | | | Wife | 12-Dec-94 | 28 | |
| 174 | Dependent no.2 | | | | Son | 6-Jun-22 | 0 | |
| 175 | Dependent no.3 | | | | Father-in-law | 10-Jun-65 | 57 | |
| 176 | Dependent no.4 | | | | Mother-in-law | 11-Jul-68 | 54 | |
| 177 | Employee no. 49 | 58 | Manager | July 28, 2017 | Self | 14-Sep-90 | 32 | 2,250,000 |
| 178 | Employee no. 50 | 59 | Manager | July 28, 2017 | Self | 3-Apr-91 | 31 | 2,250,000 |
| 179 | Dependent no.1 | | | | Wife | 12-Apr-90 | 32 | |
| 180 | Dependent no.2 | | | | Daughter | 2-Nov-19 | 3 | |
| 181 | Employee no. 51 | 60 | Manager | July 28, 2017 | Self | 21-Jun-91 | 31 | 2,250,000 |
| 182 | Employee no. 52 | 61 | Manager | August 1, 2017 | Self | 19-Oct-91 | 31 | 2,250,000 |
| 183 | Employee no. 53 | 62 | Manager | August 7, 2017 | Self | 13-Aug-92 | 30 | 2,250,000 |
| 184 | Dependent no.1 | | | | Wife | 31-May-93 | 29 | |
| 185 | Employee no. 54 | 64 | Manager | August 10, 2017 | Self | 17-Jul-92 | 30 | 2,250,000 |
| 186 | Employee no. 55 | 65 | Manager | August 14, 2017 | Self | 11-May-92 | 30 | 2,250,000 |
| 187 | Dependent no.1 | | | | Spouse | 8-Jun-93 | 29 | |
| 188 | Dependent no.2 | | | | Father | 17-Apr-57 | 65 | |
| 189 | Dependent no.3 | | | | Mother | 01-Jul-1960 | 62 | |
| 190 | Employee no. 56 | 66 | Manager | August 14, 2017 | Self | 29-Nov-89 | 33 | 2,250,000 |
| 191 | Dependent no.1 | | | | Mother | 1-May-68 | 54 | |
| 192 | Dependent no.2 | | | | Sister | 14-Feb-97 | 26 | |
| 193 | Dependent no.3 | | | | Wife | 28-Jan-94 | 29 | |
| 194 | Employee no. 57 | 67 | Manager | August 16, 2017 | Self | 27-Mar-91 | 32 | 2,250,000 |
| 195 | Dependent no.1 | | | | Wife | 21-Jan-95 | 28 | |
| 196 | Employee no. 58 | 70 | Manager | August 16, 2017 | Self | 13-Oct-89 | 33 | 2,250,000 |

| S. No. | Name of the Employee/Dependent | Employee No. | Designation | Date of Joining | Relation with the employee | Date of Birth | Age competed in years (as on 01.04.2023) | Sum Insured |
|---------------|---------------------------------------|---------------------|--------------------------|------------------------|-----------------------------------|----------------------|---|--------------------|
| 197 | Dependent no.1 | | | | Wife | 5-Aug-92 | 30 | |
| 198 | Dependent no.2 | | | | Mother | 2-Feb-68 | 55 | |
| 199 | Dependent no.3 | | | | Daughter | 2-Dec-19 | 3 | |
| 200 | Employee no. 59 | 71 | Manager | October 30, 2017 | Self | 28-Apr-92 | 30 | 2,250,000 |
| 201 | Dependent no.1 | | | | Wife | 10-Mar-95 | 28 | |
| 202 | Employee no. 60 | 72 | Manager | January 12, 2018 | Self | 27/Apr/1991 | 31 | |
| 203 | Employee no. 61 | 86 | Assistant Manager | January 25, 2021 | Self | 16/Sep/1994 | 28 | |
| 204 | Dependent no.1 | | | | Mother | 4/Feb/1968 | 55 | 2,250,000 |
| 205 | Employee no. 62 | 89 | Assistant Manager | February 05, 2021 | Self | 11/Mar/1996 | 27 | 2,250,000 |
| 206 | Employee no. 63 | 90 | Assistant Manager | February 15, 2021 | Self | 7/Dec/1996 | 26 | 2,250,000 |
| 207 | Employee no. 64 | 94 | Assistant Manager | February 8, 2022 | Self | 23/Aug/1994 | 28 | 2,250,000 |
| 208 | Employee no. 65 | 95 | Assistant Manager | February 9, 2022 | Self | 22/Jun/1997 | 25 | 2,250,000 |
| 209 | Dependent no.1 | | | | Father | 10/Aug/1977 | 45 | |
| 210 | Dependent no.2 | | | | Mother | 4/May/1980 | 42 | |
| 211 | Employee no. 66 | 96 | Assistant Manager | February 14, 2022 | Self | 15/Oct/1994 | 28 | |
| 212 | Employee no. 67 | 97 | Assistant Manager | February 14, 2022 | Self | 5/Sep/1991 | 31 | 2,250,000 |
| 213 | Employee no. 68 | 98 | Assistant Manager | February 15, 2022 | Self | 5/Nov/1998 | 24 | 2,250,000 |
| 214 | Employee no. 69 | 99 | Assistant Manager | February 17, 2022 | Self | 30/Aug/1995 | 27 | 2,250,000 |
| 215 | Employee no. 70 | 100 | Assistant Manager | February 17, 2022 | Self | 21/Nov/1994 | 28 | 2,250,000 |
| 216 | Employee no. 71 | 102 | Assistant Manager | March 08, 2022 | Self | 13/Aug/1995 | 27 | 2,250,000 |
| 217 | Employee no. 72 | 103 | Assistant Manager | March 14, 2022 | Self | 21/Mar/1998 | 25 | 2,250,000 |
| 218 | Employee no. 73 | 104 | Assistant Manager | March 14, 2022 | Self | 2/Mar/1997 | 26 | 2,250,000 |
| 219 | Dependent no.1 | | | | Mother | 5/May/1969 | 53 | |
| 220 | Dependent no.2 | | | | Father | 17/Feb/1966 | 57 | |
| 221 | Employee no. 74 | 105 | Assistant Manager | March 30, 2022 | Self | 30/May/1995 | 27 | |
| 222 | Employee no. 75 | 106 | Assistant Manager | April 29, 2022 | Self | 3/Jul/1994 | 28 | 2,250,000 |
| 223 | Employee no. 76 | 112 | Assistant Manager | June 30, 2022 | Self | 11/Nov/1993 | 28 | 2,250,000 |
| 224 | Dependent no.1 | | | | Wife | 19/Aug/1993 | 28 | |
| 225 | Employee no. 77 | 3 | Junior Assistant | October 1, 2009 | Self | 3/Nov/1969 | 53 | |
| 226 | Dependent no.1 | | | | Wife | 1/Jan/1969 | 54 | |
| 227 | Dependent no.2 | | | | Daughter | 27/Sep/1995 | 27 | |
| 228 | Dependent no.3 | | | | Mother-in-law | 1/Jan/1940 | 83 | |
| 229 | Employee no. 78 | 50 | Staff Car Driver | July 30, 2013 | Self | 15/Jul/1981 | 41 | |
| 230 | Dependent no.1 | | | | Wife | 19/Aug/1986 | 36 | 1,500,000 |
| 231 | Dependent no.2 | | | | Son | 9/Aug/2010 | 12 | |
| 232 | Dependent no.3 | | | | Daughter | 7/Jan/2013 | 10 | |
| 233 | Dependent no.4 | | | | Mother | 1/Jan/1963 | 60 | |



Muskurate Raho

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

Group Medishield Insurance Policy

For

**PENSION FUND REGULATORY AND DEVELOPMENT
AUTHORITY**

Period of Insurance : 01/04/2022 To 31/03/2023

Policy No : H0991542

Signature Not Verified

Digitally signed by SUBRATA MONDAL
Date: 2022.04.14 14:00:58 IST
Reason: Valid Policy Copy
Location: IFFCO Tokio General Insurance Company Ltd, India

Welcome to the world of ITGI

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

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

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

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

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

Signature Not Verified

Digitally signed by SUBRATA MONDAL
Date: 2022.04.14 14:00:56 IST
Reason: Valid Policy Copy
Location: IFFCO Tokio General Insurance Company Ltd, India

IFFCO TOKIO General Insurance Company Limited
 Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi-110017
 Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106

Issuing Office: NBU 23
 IFFCO TOKIO GEN INSU CO. LTD
 Delhi Commercial FAI-Broker
 FAI House, 2nd Floor, 10,
 Shaheed Ji Singh Marg,
 NEW DELHI NEW DELHI
 110067
 INDIA
 GSTIN : 07AAAC17573111ZE
 Accident and Health Insurance
 services : 997133

Group Medishield Insurance Policy Schedule
CUM TAX INVOICE

| | | | | | |
|-----------------|--|--------|--|---------------------------|------------------------|
| INSURED | PENSION FUND REGULATORY AND DEVELOPMENT AUTHORITY | | | | |
| Address | B-14A | | | Unique Invoice No. | H0991542 |
| | CHHATRAPATI SHIVAJI BILAWAN | | | | |
| | TECHNOLOGY BILAWAN S.O | | | Policy No. | H0991542 |
| | NDMC (PART) | | | | |
| | DELHI | | | Date Of Issuance | 13/04/2022 |
| INDIA | | | Date Of Insurance from 00.00 hours on | 01/04/2022 | |
| Phone No | PIN CODE | 110016 | STATE CODE | 07 | To Mid Night On |
| GSTIN | --- | | | | 31/03/2023 |
| Agent No | 23000002 | | | | |

Member Details

| | |
|--------------------------------|-----|
| Total Members Covered | 226 |
| Total Self Covered | 77 |
| Total Dependent Covered | 149 |

Co-Insurance Details

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

Premium Details

| | |
|--------------------|----------------------|
| Net Premium | Gross Premium |
| 1,549,999 | 1,828,999 |

GST Details

| | CGST | SGST | UGST | IGST |
|-----------------------|---------|---------|------|------|
| Percentage (%) | 9 | 9 | 0 | 0 |
| Amount (Rs.) | 139,499 | 139,499 | 0 | 0 |

TPA Details

| |
|------------------------------|
| 1 Medix Assist India TPA Ltd |
|------------------------------|

Policy Conditions/Extensions/Endorsements

| PENSION FUND REGULATORY AND DEVELOPMENT AUTHORITY | | |
|---|------|---|
| Coverage Name | | Plan Name |
| Sum Insured Opted | BASE | Sum Insured Lim(INR) : 1500000, 2250000, 3000000, 3800000, 5000000 |
| Family Composition List | BASE | Family Size : 9 Family Definition : Refer condition for Complete Definition Relationship : Min Age : Max Age All Relations : 0 : 100 |
| Pre Existing Diseases | BASE | Covered from Day 1 |
| First 30 Days Exclusion | BASE | Waived |
| First Year Exclusion | BASE | Waived |
| Second Year Exclusion | BASE | Waived |

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| | | |
|---|------|---|
| Third Year Exclusion | BASE | Waived |
| Fourth Year Exclusion | BASE | Waived |
| Maternity Benefit | BASE | INR 1 lac for normal and INR 1.5 lac for C-sec, without any waiting period for all existing and new employees or higher spouse. |
| Pre & Post Nafat Expense | BASE | Not Covered |
| New Born Baby Cover | BASE | From Day 1 Within SI (subject to declaration as per Condition of Mid term inclusion and not exceeding maximum stipulated family size under the Policy even after inclusion of the new born child) |
| Room Rent Capping | BASE | As per Actuals |
| Pre & Post Hospitalization coverage | BASE | Expenses incurred for Pre Hospitalization upto 30 Days and Post Hospitalization upto 60 Days are covered . |
| Domiciliary Hospitalization | BASE | Not Covered |
| Corporate Buffer | BASE | "Equal to Sum Insured Not applicable to maternity and capped ailments " |
| Ambulance Charges | BASE | "Ambulance charges cover as Actual" |
| Limits for common ailments | BASE | "Cataract Surgery to be covered upto 10% of Sum assured, Refractive eyesight correction above \geq 5 diopter, Injections (Avastin, Lucentis, Etc)" |
| Family Definition | BASE | Self + Spouse + dependent children + 2 dependent parents + unmarried minor brothers as well as unmarried, divorced, abandoned, separated, from their husbands or widowed sisters residing with and wholly dependent on the employee |
| Hospitalization arising out of Psychiatric ailments | BASE | Covered |
| AYUSH | BASE | "From Government hospital/ institute recognised by govt/ Accredited by Quality Control of India or NABH " |

General Conditions

| PENSION FUND REGULATORY AND DEVELOPMENT AUTHORITY | |
|---|--|
| BASE | |
| 1 | Day One Cover Day one cover for New members/ employees subject to receipt of premium/maintenance of CD balance & intimation within 15 days of succeeding month. Succeeding Month Further dependents can be covered within 30 days from date of enrollment of the employee /date of joining of the employee. |
| 2 | Missed Out Employees window period For employees who are existing members of the group (at inception of the policy) who are left out at inception of the Policy, such left employees to be declared within 15 days of the inception of the Policy. |
| 3 | Newly Acquired Dependent Mid-term inclusion of Existing Employee's newly acquired dependent (Newly Married Spouse/ New born baby/ newly adopted child), to be declared within 15 days of succeeding month subject to maintenance of sufficient CD Balance. |
| 4 | Deletion of employee / Member from Group In case of deletion of member from the Group the cover will be suspended from the date of separation from the group. Refund of premium on account of deletion will be allowed from the date of separation provided the declaration of the same is submitted to us latest within 15 days of succeeding month. Succeeding Month days of succeeding month/default/ 30 days of separation from the group, falling which refund will be calculated from the date of submission of declaration to TTGL. |
| 5 | Proportionate Clause All benefits as an inpatient in a hospital attached to room will be restricted to the room which falls within the room rent limit allowed. The enhanced difference in expenses due to opting rooms with higher room rent than what has been allowed will be borne by the insured only. Whenever the room rent based room for the other expenses is not available, the payment would be done in the same proportion as per the entitlement of room rent under the policy excluding medicines, consumables and implants medically prescribed by the treating doctor under the policy. |
| 6 | Package Treatment In case of package treatment where individual bifurcation of room rent, medicines, operation theater expenses, doctor's consultation charges etc are not available, then the package charges shall be proportionately linked to the entitled room rent of the insured person under the Policy. |
| 7 | Intimation of claims As per the Standard TTGL GMC policy (Claim to be intimated within 7 days from date of hospitalization). |
| 8 | Submission of Claim Documents All Claim documents for reimbursement should be submitted within 30 days from the date of discharge in case of claim for Pre-hospitalisation and post Hospitalisation expenses. For Post Hospitalization expenses, all claim documents should be submitted within 15 days of the completion of Post hospitalization treatment or Post hospitalization days limit stated in the Policy whichever is earlier. |
| 9 | Duplicate Member/Employee Restriction No Employee / Family member should be covered twice in the policy. |
| 10 | Member ID Card Type Physical & E health card |
| 11 | Mid term Change in SI Mid-term change in SI is allowed in case of promotion only. |

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Location: IFFCO Tokio General Insurance Company Ltd, India

The coverage is as per policy wordings / endorsements / clauses attached. Please go through the Group Medishield Insurance Policy and in case of any discrepancy, please inform us.

Policy is cancelled ab-initio in case of Cheque Dishonor.

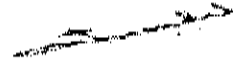
In case of exports of services invoice shall carry an endorsement "Supply meant for export on payment of integrated tax"

1)"Policy Issuing Office: Delhi".

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

Toll Free: 1800-103-5499 (24 hours all days) or SMS "CLAIMS" to 56161.

For IFFCO Tokio General Insurance Company Limited



Authorized Signatory

Subrata Mondal

Signature Not Verified

Digitally signed by SUBRATA MONDAL

Date: 2022.04.14 14:00:57 IST

Reason: Valid Policy Copy

Location: IFFCO Tokio General Insurance Company Ltd, India

Third Party Administrator : Medi Assist India TPA Ltd

| | |
|----------------------|--|
| Toll Free (24 hours) | 9342036855 |
| Email ID | iffcotokio.enrol@mediassist.in |
| Address | TEJ Building, #8 B, 2nd Floor Next to Times of India, Bahadur Shah Zafar Marg, New Delhi, Delhi 110002 |

Details of Intermediary/ Agent

| | |
|------------|----------------------------------|
| Name | 23-DIRECT |
| Contact No | 0000000001 |
| Email Id | rajnish.chauhan@iffcotokio.co.in |

Settlement Type : Cash Less

Health ID Cards : Non-Photo Id

Claim payment to be made to : Employer

Industry Type : Government Bodies

Expiring Policy Details:

| | |
|---------------|------------|
| Policy Number | H0642747 |
| Start Date | 01/04/2021 |
| End Date | 31/03/2022 |

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Reason: Valid Policy Copy
Location: IFFCO Tokio General Insurance Company Ltd, India

Group MediShield Policy Wording

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

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

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

Any word or expression to which a specific meaning has been attached in any part of this POLICY or of Schedule shall bear such meaning whenever it may appear.

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

DEFINITION OF WORDS

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age**: It means age of the Insured person on last birthday as on date of commencement of the Policy.
3. **Any One Illness** It means continuous period of illness including relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
4. **AYUSH Treatment** refers to the hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems
5. **AYUSH Hospital**:
An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - a. Central or State Government AYUSH Hospital or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to Our authorized representative.
6. **AYUSH Day Care Centre**
AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
 - i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
 - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to Our authorized representative.
7. **Cashless facility** - It means a facility extended by us to Insured person where the payments, of the costs of treatment undergone by insured person(s) in accordance with the policy terms and conditions, are directly made to the network provider by us to the extent pre-authorization approved.
8. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
9. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. Internal Congenital Anomaly: Anomaly which is not in the visible and accessible parts of the body
 - b. External Congenital Anomaly: Anomaly which is in the visible and accessible parts of the body.
10. **Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the sum insured.
11. **Daycare centre**
It means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under:
 - i. has qualified nursing staff under its employment;
 - ii. has qualified medical practitioner (s) in charge;

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- iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - iv. maintains daily records of patients and shall make these accessible to Our authorized personnel.
12. **Day Care Treatment** means medical treatment, and/or *surgical procedure* which:
- 1. Is undertaken under General or Local Anesthesia in a *hospital/day care centre* in less than 24 (twenty-four) hrs. because of technological advancement, and
 - 2. which would have otherwise required a hospitalization of more than 24 (twenty four) hours.

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

13. **Dental Treatment** It means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.
14. **Disease** It means an illness which Medical Practitioner or Surgeon will certify as Insured Person is suffering from and unable to feel as Normal.
15. **Domiciliary Hospitalisation** It means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances.
- a. the condition of the patient is such that he/she is not in a condition to be removed to a hospital or
 - b. the patient takes treatment at home on account of non-availability of room in a hospital.
16. **Emergency Care** It means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
17. **Grace Period** - It means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue the policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
18. **Hospital/Nursing Home**

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

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

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

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

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

19. **Hospitalisation** It means admission in a Hospital for a minimum period of 24 (Twenty-four) consecutive "In-patient Care" hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 (Twenty-four) consecutive hours.
20. **Illness**
- It means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- i. Acute Condition means a disease, illness or injury that is likely to response quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
 - ii. Chronic Condition means a disease, illness, or injury that has one or more of the following characteristics
 - a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - b. it needs ongoing or long-term control or relief of symptoms
 - c. it requires rehabilitation for the patient or for the patient to be special trained to cope with it
 - d. it continues indefinitely
 - e. it recurs or is likely to recur
21. **Injury** It shall mean accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
22. **Inpatient Care** It means treatment for which the insured person has to stay in a hospital for more than 24 (twenty-four) hours for a covered event.
23. **Insured Person:** The person named as Insured person(s) in the Schedule lodged with US by YOU.
24. **Intensive Care Unit** means an identified section, ward or wing of a *hospital* which is under the constant supervision of a dedicated *medical practitioner(s)*, and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the

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ordinary and other wards.

25. **Intensive Care Unit (ICU) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
26. **Medical Advice** - It means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
27. **Medical Expenses** - It means those expenses that an Insured Person has/you have necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment
28. **Medically Necessary Treatment**– Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner;
 - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

29. Medical Practitioner

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

30. Maternity Expenses

Maternity expenses means;

- medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
- expenses towards lawful medical termination of pregnancy during the policy period.

31. **Network Provider** Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

(The list of network hospitals is dynamic and hence may change from time to time. We suggest you to please check our website www.iffcotokio.co.in or contact our call centre/ nearest office for updated list of such hospitals before admission.)

32. **New Born Baby** means baby born during the Policy Period and is aged upto 90 days.

33. **Non- Network Provider** - Non-Network means any hospital, day care centre or other provider that is not part of the network.

34. **Notification of Claim** is the process of intimating a claim to Us or our TPA through any of the recognized modes of communication

35. **Out-Patient (OPD) treatment**, means treatment in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient

36. **Policy** It means the policy booklet, the Schedule and any applicable endorsement or or extensions attaching to or forming part thereof. The policy contains details of the extent of cover available to Insured person (s), what is excluded from the cover and the conditions on which the policy is issued.

37. **Policy Period/ Period of Insurance** -It means the duration of this policy as shown in the Schedule.

38. **Portability** -It means the right accorded to an individual health insurance policy holder (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer

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

40. Post Hospitalisation

It means Medical Expenses incurred during predefined number of days immediately after the Insured person is discharged from the hospital, provided that:

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

Maximum Limit for Post Hospitalisation Medical Benefit: 60 days.

41. Pre-existing Disease

It means any condition, ailment, injury or disease

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

42. Pre-Hospitalisation

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

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

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Maximum Limit for Pre-Hospitalisation Medical Benefit: 30 days

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

COVERAGE

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

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- c. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures

i. 12 Months waiting period

- a. Cataract, Benign Prostatic Hyperthropy, Hysterectomy for Menorrhagia or Fibromyoma
- b. Hernia, Hydrocele, Congenital internal Disease.
- c. Fistula in anus, Piles, Sinusitis and related disorders.

- 5. If the above-mentioned diseases (The exclusion no. 4, mentioned in 'What is not covered') are pre-existing at the time of proposal, they will not be covered even during subsequent period of renewal too.
- 6. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- 7. Circumcision except for disease not excluded here or Injury, Vaccination or Inoculation or change of life.
- 8. Cosmetic or plastic Surgery: Code- Excl08
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- 9. Cost of Spectacles and contact lens, hearing aids.
- 10. Dental treatment or Surgery of any Kind unless requiring hospitalisation.
- 11. Rest Cure, rehabilitation and respite care- Code- Excl05
Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- 12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12.
- 13. Treatment of external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury
- 14. Investigation & Evaluation (Code- Excl04)
 - a. Expenses related to any admission primarily for diagnostics and evaluation purposes.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.
- 15. Maternity Expenses (Code - Excl 18):
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

(This exclusion will stand deleted where policy is extended to cover Maternity Benefits)
- 16. Sterility and Infertility: (Code- Excl17) Expenses related to sterility and infertility. This includes:

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

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

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

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

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

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

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

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

22. Obesity/ Weight Control: Code- Excl06

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

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

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

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

24. Hazardous or Adventure sports: Code- Excl09

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

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

25. Breach of law: Code- Excl10

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

26. Excluded Providers: Code- Excl11

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

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

27. Refractive Error: Code- Excl15

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

28. Unproven Treatments: Code- Excl16

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

Additional Benefits

1. MODERN TREATMENT METHODS AND ADVANCEMENT IN TECHNOLOGIES:

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

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

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

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

CLAIM PROCEDURE AND REQUIREMENTS

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

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

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

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3. Claim Settlement (provision for Penal Interest)

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

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

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

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General Conditions

1 Multiple Policies

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

2. Fraud

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

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

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

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

3. Cancellation

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

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

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

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

4. Automatic Termination of Insurance

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

5. Migration

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

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

6. Renewal of Policy

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

7. Moratorium Period

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

8. Notice & Communication

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

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

10. Notice of Charge

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

11. Territorial Limit

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

12. Changes in Circumstances

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

13. Payment of Premium:

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

14. Electronic Transaction

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

15. Reasonable Precaution

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

16. Disclaimer Clause

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

17. Arbitration

- i. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. If it is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained

18. MATERNITY EXPENSES BENEFIT (Wherever applicable)

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

- a. Option for Maternity Benefits has to be exercised at the inception of the policy period and no refund is allowable in case of Insured's cancellation of this option during currency of the policy.
- b. The maximum benefit allowable under this clause will be upto Rs.50,000/- or 20% of the Sum Insured opted by the member of the group whichever is lower.

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c. Special conditions applicable to Maternity Expenses Benefit Extension

1. These benefits are admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in India.
2. A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine Pregnancy. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident or other medical emergency
3. Claim in respect of only first two children and/or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit
4. Pre-natal and post-natal expenses are not covered unless admitted in Hospital/Nursing Home and treatment is taken there

19. Redressal Of Grievance

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

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

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

Courier: Chief Grievance Officer

IFFCO-Tokio General Insurance Co Ltd

IFFCO Tower, Plot no. 3

Sector -29, Gurgaon - 122001

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

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

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

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

Grievance may also be lodged at IRDAI Integrated Grievance Management System

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

| Office Details | Jurisdiction of Office (Union Territory, District) |
|--|---|
| AHMEDABAD - Shri Kudip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in | Gujarat, Dadra & Nagar Haveli, Daman and Diu. |
| BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel: 080 - 25552048 / 25552049 Email: bimalokpal.bengaluru@ecoi.co.in | Karnataka |
| BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, G, Malviya Nagar, Opp. Airtel Office, Near Now Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in | Madhya Pradesh Chattisgarh. |
| BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in | Orissa |
| CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2708196 / 2706468 | Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh. |

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|---|---|
| <p>Fax: 0172 - 2706274 Email: bimalokpal.chandigarh@ecoi.co.in</p> | |
| <p>CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p> | <p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)</p> |
| <p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in</p> | <p>Delhi</p> |
| <p>GUWAHATI - Shri Kiriti J.B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel : 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in</p> | <p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p> |
| <p>HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Main Court", Lane Opp. Saieem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p> | <p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p> |
| <p>JAIPUR - Smt. Sandhya Bailga Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p> | <p>Rajasthan</p> |
| <p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p> | <p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p> |
| <p>KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124330 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p> | <p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p> |
| <p>LUCKNOW - Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001 Tel. 0522 - 2231330 / 2231331 Fax. 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p> | <p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebardi, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabimagar, Azamgarh, Kushinagar, Gorkhpur, Deona, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar</p> |
| <p>MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106950 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p> | <p>Coa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p> |

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Location: IFICO Tokio General Insurance Company Ltd, India

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| <p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p> | <p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Orayya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p> |
| <p>PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p> | <p>Bihar, Jharkhand.</p> |
| <p>PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.8, 195 to 198, N.C. Kulkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p> | <p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p> |

Insurance is the subject matter of solicitation

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DAY CARE PROCEDURES

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

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

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

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List I - List of non-payable Items

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

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

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

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

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

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

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

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

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

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Location: IFFCO Tokio General Insurance Company Ltd., India

ANNEXURE – III

Summary of claims for the policy period 2020-21

| Particulars | Unique claim Nos. | Amount (in Rs.) |
|--------------------|--------------------------|------------------------|
| Claims Reported | 8 | 502327 |
| Claims Paid | 7 | 358365 |
| Claims Outstanding | 0 | 0 |

Summary of claims for the policy period 2021-22

| Particulars | Unique claim Nos. | Amount (in Rs.) |
|--------------------|--------------------------|------------------------|
| Claims Reported | 27 | 1752551 |
| Claims Paid | 25 | 1418864 |
| Claims Outstanding | 1 | 65000 |

Summary of claims for the policy period 2022-23

| Particulars | Unique claim Nos. | Amount (in Rs.) |
|--------------------|--------------------------|------------------------|
| Claims Reported | 18 | 1426201 |
| Claims Paid | 14 | 1297180 |
| Claims Outstanding | 1 | 20777 |

ANNEXURE – IV

| Policy Period | Premium Paid (in Rs.) |
|----------------------|------------------------------|
| 2020-21 | 15,67,040 |
| 2021-22 | 12,39,000 |
| 2022-23 | 17,74,800 |



Insurer: **IFFCO TOKIO General Insurance Co. Ltd.**
 Policy Holder: **Pension Fund Regulatory and development Authority**
 Policy No: H0991542
 Policy period: 01-Apr-2022 To 31-Mar-2023

Report date: 01-Feb-2023

*This Report Generated By shilpa choudhary
 On Wed Feb 01 09:55:35 IST 2023*

Total Claims Experience Report

| | Claims | Value (Rs.) | % Claims | % Value |
|---|-----------|---------------------|----------|---------------------|
| Cashless Settled | 8 | 1,125,957.00 | 47.06 % | 86.8 % |
| Cashless Processed | 1 | 43,562.00 | 5.88 % | 3.36 % |
| Reimbursement Settled | 5 | 127,661.00 | 29.41 % | 9.84 % |
| Reimbursement Processed | 0 | 0.00 | 0.0 % | 0.0 % |
| Denials | 3 | 0.00 | 17.65 % | 0.0 % |
| Denials due to Shortfall | 0 | 0.00 | 0.0 % | 0 % |
| Closed | 0 | 0.00 | 0.0 % | 0.0 % |
| Domiciliary claims | 0 | 0.00 | 0.0 % | 0.0 % |
| Total | 17 | 1,297,180.00 | | |
| Cashless in Process* | 0 | 0.00 | | |
| Reimbursement in Process* | 1 | 20,777.00 | | |
| Grand Total (Rs.) | 18 | 1,317,957.00 | | |
| First Time Premium (Rs.)^ | | | | 1,549,999.00 |
| Endo Premium (Rs.)^ | | | | 28,430.00 |
| Deletion Premium (Rs.)^ | | | | 0.00 |
| Total Premium (Rs.)^ | | | | 1,578,429.00 |
| Claims Ratio (%) | | | | 83.5 % |
| Claims Ratio (%) - On Earned Premium# | | | | 99.27 % |
| Value of Denied claims (Rs.): | | | | 108,244.00 |
| Value of Denied(Document Shortfall) claims (Rs.): | | | | 0.00 |
| Value of Closed claims (Rs.): | | | | 0.00 |
| * Depicts the claimed amount for claims in process. The settlement amount will be less than the above figures and will result in respective decrease in the claims ratio. | | | | |
| ** The value is for preauthorisation issued and awaiting for final documentation. Depicts the Processed PA amount for PA issued. The settlement amount will be less than or equal to the above figures and could result in respective decrease in the claims ratio. | | | | |
| # Does not apply to policies with Instalment Premium | | | | |
| ^ Premium details as received from insurer & updated in our data as on date | | | | |

Morbidity Ratio

| Descriptions | Values |
|--|--------|
| No. of lives Insured | 232 |
| No. of Claims | 15 |
| No. of Claims made per 100 Lives Insured | 6.47 % |
| No. of lives Inception | 227 |
| Addition | 5 |
| Deletion | 0 |
| CurrentLives | 232 |

Ailments Profile

| ICD Group | No. of Claims | Value (Rs.) | % of Claims | % of Value |
|--|---------------|---------------------|-------------|------------|
| DISORDERS OF THE MUSCULOSKELTAL SYSTEM | 1.0 | 539,866.00 | 7.14 % | 41.62 % |
| DISORDERS OF THE GASTROINTESTINAL SYSTEM | 2.0 | 242,258.00 | 14.29 % | 18.68 % |
| CATARACT | 7.0 | 224,393.00 | 50.0 % | 17.3 % |
| CAESAREAN SECTION | 1.0 | 150,000.00 | 7.14 % | 11.56 % |
| NORMAL DELIVERY | 1.0 | 56,235.00 | 7.14 % | 4.34 % |
| GYNECOLOGICAL DISORDERS | 1.0 | 43,562.00 | 7.14 % | 3.36 % |
| INFECTIOUS DISEASES (BACTERIAL / VIRAL / Others) | 1.0 | 40,866.00 | 7.14 % | 3.15 % |
| All Other Ailment Groups | 0.0 | 0.00 | 0.0 % | 0.0 % |
| Total | 14.0 | 1,297,180.00 | | |

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Age

| Age Band | No. of Claims | Value (Rs.) | % Claims | % Value |
|--------------|---------------|---------------------|----------|---------|
| 6-35 | 1 | 150,000.00 | 7.0 % | 11.0 % |
| 36-40 | 1 | 56,235.00 | 7.0 % | 4.0 % |
| 41-45 | 3 | 624,294.00 | 21.0 % | 48.0 % |
| 51-55 | 2 | 242,258.00 | 14.0 % | 18.0 % |
| 61-65 | 3 | 136,393.00 | 21.0 % | 10.0 % |
| Above 70 | 4 | 88,000.00 | 28.0 % | 6.0 % |
| Total | 14 | 1,297,180.00 | | |

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Category of Beneficiaries Report

| Beneficiary | No. of Claims | Value (Rs.) | % Claims | % Value |
|--------------|---------------|---------------------|----------|---------|
| Self | 2.0 | 109,955.00 | 14.29 % | 8.48 % |
| Spouse | 3.0 | 746,101.00 | 21.43 % | 57.52 % |
| Parent | 9.0 | 441,124.00 | 64.29 % | 34.01 % |
| Total | 14.0 | 1,297,180.00 | | |

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Amount Bands Report

| Amount Band | No. of Claims | Value (Rs.) | % Claims | % Value |
|------------------------------|---------------|-------------|----------|---------|
| Above 5 Lack | 1 | 539,866.00 | 7.0 % | 41.0 % |
| Rs. 10,000/- And less | 2 | 8,000.00 | 14.0 % | 0.0 % |
| Rs. 10,001/- to Rs. 25,000/- | 1 | 22,560.00 | 7.0 % | 1.0 % |



Insurer: **IFFCO TOKIO General Insurance Co. Ltd.**
Policy Holder: **Pension Fund Regulatory and development Authority**
Policy No: H0991542
Policy period: 01-Apr-2022 To 31-Mar-2023

Claims Analysis Report

Report date: 01-Feb-2023

This Report Generated By shilpa choudhary
On Wed Feb 01 09:55:35 IST 2023

| Rs. 25,001/- to Rs. 50,000/- | 6 | 234,428.00 | 42.0 % | 18.0 % |
|----------------------------------|-----------|---------------------|--------|--------|
| Rs. 50,001/- to Rs. 1,00,000/- | 2 | 122,628.00 | 14.0 % | 9.0 % |
| Rs. 1,00,001/- to Rs. 1,50,000/- | 1 | 150,000.00 | 7.0 % | 11.0 % |
| Rs. 2,00,001/- to Rs. 2,50,000/- | 1 | 219,698.00 | 7.0 % | 16.0 % |
| Total | 14 | 1,297,180.00 | | |

Based on Settled/Processed Cashless/Reimbursement Claims Only

Utilization Report for Employee

| No. of Claims in current policy | No. of Employees | Value (Rs.) | % Claims | % Value |
|---------------------------------|------------------|-------------------|----------|---------|
| 1 | 2 | 109,955.00 | 100.0 % | 100.0 % |
| Total | 2 | 109,955.00 | | |

Based on Settled/Processed Cashless/Reimbursement Claims Only

Utilization Report for Dependents

| No. of Claims in current policy | No. of Employees | Value (Rs.) | % Claims | % Value |
|---------------------------------|------------------|---------------------|----------|---------|
| 1 | 4.0 | 786,967.00 | 57.14 % | 66.29 % |
| 2 | 2.0 | 312,258.00 | 28.57 % | 26.3 % |
| 4 | 1.0 | 88,000.00 | 14.29 % | 7.41 % |
| Total | 7.0 | 1,187,225.00 | | |

Based on Settled/Processed Cashless/Reimbursement Claims Only

Provider Profile Report

| Hospital Name | No. of Claims | Value (Rs.) | % Claims | % Value |
|---|---------------|---------------------|----------|---------|
| Medanta The Medicity | 1.0 | 539,866.00 | 7.14 % | 41.62 % |
| Sitaram Bhartia Institute Of Science And Research | 4.0 | 458,651.00 | 28.57 % | 35.36 % |
| Dr Agarwals Eye Hospital | 4.0 | 88,000.00 | 28.57 % | 6.78 % |
| Dr Shroffs Charity Eye Hospital | 2.0 | 70,000.00 | 14.29 % | 5.4 % |
| Aakash Healthcare | 1.0 | 56,235.00 | 7.14 % | 4.34 % |
| Madhukar Rainbow Childrens Hospital | 1.0 | 43,562.00 | 7.14 % | 3.36 % |
| Lord Krishna Hospital | 1.0 | 40,866.00 | 7.14 % | 3.15 % |
| Total | 14.0 | 1,297,180.00 | | |

Based on Settled/Processed Cashless/Reimbursement Claims Only

Add-Del Endorsement Details

| Endo No | Endo Date | Endo WEF | Remarks | Addition Premium^ | Deletion Premium^ |
|--------------------|-------------|-------------|---------------------------------------|-------------------|-------------------|
| H0991542/1 | 14-Jul-2022 | 12-Jul-2022 | Addition as per Ticket No #6576425178 | 0.00 | 0 |
| H0991542/3 | 24-Aug-2022 | 23-Aug-2022 | Added ticket no 6612583986 | 28,430.00 | 0 |
| Grand Total | | | | 28,430.00 | 0.00 |



Insurer: **IFFCO TOKIO General Insurance Co. Ltd.**
Policy Holder: **Pension Fund Regulatory and development Authority**
Policy No: H0991542
Policy period: 01-Apr-2022 To 31-Mar-2023

Claims Analysis Report

Report date: 01-Feb-2023

*This Report Generated By shilpa choudhary
On Wed Feb 01 09:55:35 IST 2023*

^ Premium details as received from insurer & updated in our data as on date

Medi Assist Insurance TPA Pvt. Ltd.



Medi Assist Insurance TPA Pvt. Ltd
Reimbursement & Cashless Details

Claim Dump- Annexure- V

| ClmID | Tblma_Policy_Ins_con Regionname | DO | BO | PoID | PoIno |
|--------------|---|-----------|-----------|-------------|--------------|
| 107364585 | IFFCO TOKIO General In IFFCO-Tokio-NEW DELH | SBU23 | SBU23 | 61563683 | H0991542 |
| 107499795 | IFFCO TOKIO General In IFFCO-Tokio-NEW DELH | SBU23 | SBU23 | 61563683 | H0991542 |
| 107722852 | IFFCO TOKIO General In IFFCO-Tokio-NEW DELH | SBU23 | SBU23 | 61563683 | H0991542 |
| 107827594 | IFFCO TOKIO General In IFFCO-Tokio-NEW DELH | SBU23 | SBU23 | 61563683 | H0991542 |
| 108137349 | IFFCO TOKIO General In IFFCO-Tokio-NEW DELH | SBU23 | SBU23 | 61563683 | H0991542 |
| 108246640 | IFFCO TOKIO General In IFFCO-Tokio-NEW DELH | SBU23 | SBU23 | 61563683 | H0991542 |
| 108536543 | IFFCO TOKIO General In IFFCO-Tokio-NEW DELH | SBU23 | SBU23 | 61563683 | H0991542 |
| 108562330 | IFFCO TOKIO General In IFFCO-Tokio-NEW DELH | SBU23 | SBU23 | 61563683 | H0991542 |
| 109271610 | IFFCO TOKIO General In IFFCO-Tokio-NEW DELH | SBU23 | SBU23 | 61563683 | H0991542 |
| 109576921 | IFFCO TOKIO General In IFFCO-Tokio-NEW DELH | SBU23 | SBU23 | 61563683 | H0991542 |
| 109600181 | IFFCO TOKIO General In IFFCO-Tokio-NEW DELH | SBU23 | SBU23 | 61563683 | H0991542 |
| 109721026 | IFFCO TOKIO General In IFFCO-Tokio-NEW DELH | SBU23 | SBU23 | 61563683 | H0991542 |
| 109747016 | IFFCO TOKIO General In IFFCO-Tokio-NEW DELH | SBU23 | SBU23 | 61563683 | H0991542 |
| 109961999 | IFFCO TOKIO General In IFFCO-Tokio-NEW DELH | SBU23 | SBU23 | 61563683 | H0991542 |
| 110511873 | IFFCO TOKIO General In IFFCO-Tokio-NEW DELH | SBU23 | SBU23 | 61563683 | H0991542 |
| 110511900 | IFFCO TOKIO General In IFFCO-Tokio-NEW DELH | SBU23 | SBU23 | 61563683 | H0991542 |
| 111285850 | IFFCO TOKIO General In IFFCO-Tokio-NEW DELH | SBU23 | SBU23 | 61563683 | H0991542 |
| 111960024 | IFFCO TOKIO General In IFFCO-Tokio-NEW DELH | SBU23 | SBU23 | 61563683 | H0991542 |

| PriBenefEmpCode | PribeneficiaryName | PriBenefGrade | BenefMediAssistID | BenefName | BenefAge | Age_Band |
|------------------------|---------------------------|----------------------|--------------------------|------------------|-----------------|-----------------|
| 88 | XXXX | | 4032929176 | XXXX | 62 | 61-65 |
| 83 | XXXX | | 4032929199 | XXXX | 62 | 61-65 |
| 34 | XXXX | | 4032929115 | XXXX | 38 | 36-40 |
| 88 | XXXX | | 4032929176 | XXXX | 62 | 61-65 |
| 56 | XXXX | | 4033638234 | XXXX | 28 | 26-30 |
| 66 | XXXX | | 4032929184 | XXXX | 54 | 51-55 |
| 66 | XXXX | | 4032929184 | XXXX | 54 | 51-55 |
| 56 | XXXX | | 4041635156 | XXXX | 0 | 0-18 |
| 20 | XXXX | | 4032929057 | XXXX | 44 | 41-45 |
| 13 | XXXX | | 4032929039 | XXXX | 74 | 71-75 |
| 13 | XXXX | | 4032929039 | XXXX | 74 | 71-75 |
| 95 | XXXX | | 4040198286 | XXXX | 42 | 41-45 |
| 21 | XXXX | | 4032929031 | XXXX | 58 | 56-60 |
| 47 | XXXX | | 4032929137 | XXXX | 41 | 41-45 |
| 13 | XXXX | | 4032929039 | XXXX | 74 | 71-75 |
| 13 | XXXX | | 4032929039 | XXXX | 74 | 71-75 |
| 27 | XXXX | | 4032929010 | XXXX | 41 | 41-45 |
| 27 | XXXX | | 4032929010 | XXXX | 41 | 41-45 |

| RelName | Relation | Sex | BenefAreaCode | BenefAlphaCode | BenefNominee | CImType |
|----------------|-----------------|------------|----------------------|-----------------------|---------------------|----------------------|
| Father | Parent | M | | | | Cashless |
| Self | Employee | M | | | | Cashless |
| Spouse | Spouse | F | | | | Reimbursement |
| Father | Parent | M | | | | Cashless |
| Spouse | Spouse | F | | | | Cashless |
| Mother | Parent | F | | | | Cashless |
| Mother | Parent | F | | | | Post Hospitalisation |
| Son | Child | M | | | | Reimbursement |
| Self | Employee | M | | | | Reimbursement |
| Mother | Parent | F | | | | Cashless |
| Mother | Parent | F | | | | Cashless |
| Mother | Parent | F | | | | Reimbursement |
| Self | Employee | M | | | | Reimbursement |
| Self | Employee | M | | | | Cashless |
| Mother | Parent | F | | | | Post Hospitalisation |
| Mother | Parent | F | | | | Post Hospitalisation |
| Spouse | Spouse | F | | | | Cashless |
| Spouse | Spouse | F | | | | Post Hospitalisation |

| Claim_Type | StatusName | Insurer_Status | Clm Received Date | Altered Clm Received | ClmPreAuths | ClmCompRefNo |
|-------------------|--------------------|---------------------------|--------------------------|-----------------------------|----------------------|---------------------|
| Cashless | Settled | Claim Paid | 12 Apr 2022 | 05 Apr 2022 | 107364584 | |
| Cashless | Settled | Claim Paid | 26 Apr 2022 | 15 Apr 2022 | 107499794, 107551161 | |
| Reimbursement | Settled | Claim Paid | 09 May 2022 | 09 May 2022 | | |
| Cashless | Settled | Claim Paid | 28 May 2022 | 18 May 2022 | 107827593 | 3334325 |
| Cashless | Settled | Claim Paid | 17 Jun 2022 | 07 Jun 2022 | 108137348,108191617 | |
| Cashless | Settled | Claim Paid | 27 Jun 2022 | 13 Jun 2022 | 108246639, 108300046 | H_34443_6874028 |
| Reimbursement | Settled | Claim Paid | 30 Jun 2022 | 30 Jun 2022 | | |
| Reimbursement | Denied Letter Sent | Claim Repudiated | 02 Jul 2022 | 02 Jul 2022 | | |
| Reimbursement | Denied Letter Sent | Claim Repudiated | 16 Aug 2022 | 16 Aug 2022 | | |
| Cashless | Settled | Claim Paid | 03 Sep 2022 | 03 Sep 2022 | 109576920 | 4398189 |
| Cashless | Settled | Claim Paid | 05 Sep 2022 | 05 Sep 2022 | 109600180 | 4409776 |
| Reimbursement | Settled | Claim Paid | 13 Sep 2022 | 13 Sep 2022 | | |
| Reimbursement | Denied Letter Sent | Claim Repudiated | 14 Sep 2022 | 14 Sep 2022 | | |
| Cashless | Processed | Processed ready for paym | 14 Oct 2022 | 14 Oct 2022 | 109961998, 109991458 | 4574738 |
| Reimbursement | Settled | Claim Paid | 03 Nov 2022 | 03 Nov 2022 | | |
| Reimbursement | Settled | Claim Paid | 03 Nov 2022 | 03 Nov 2022 | | |
| Cashless | Settled | Claim Paid | 21 Dec 2022 | 21 Dec 2022 | 111285849, 111341717 | 5339870 |
| Reimbursement | Liability Check | Pending claim adjudicatio | 30 Jan 2023 | 30 Jan 2023 | | |

| Info Raised Date | Doc Rec Date | Claim App Date | Claim Sett Date | Latest Audit Date | CimDOA | CimDOD |
|-------------------------|---------------------|-----------------------|------------------------|--------------------------|---------------|---------------|
| | | 13 Apr 2022 | 26 Apr 2022 | 26 Apr 2022 | 06 Apr 2022 | 08 Apr 2022 |
| | | 27 Apr 2022 | 09 May 2022 | 09 May 2022 | 20 Apr 2022 | 20 Apr 2022 |
| 10 May 2022 | 30 May 2022 | 25 Jul 2022 | 28 Jul 2022 | 28 Jul 2022 | 05 Apr 2022 | 06 May 2022 |
| | | 29 May 2022 | 09 Jan 2023 | 09 Jan 2023 | 20 May 2022 | 20 May 2022 |
| | | 12 Nov 2022 | 16 Nov 2022 | 16 Nov 2022 | 06 Jun 2022 | 09 Jun 2022 |
| 02 Jul 2022 | 03 Jul 2022 | 27 Sep 2022 | 09 Nov 2022 | 09 Nov 2022 | 13 Jun 2022 | 16 Jun 2022 |
| | | 16 Jul 2022 | 22 Jul 2022 | 22 Jul 2022 | 13 Jun 2022 | 16 Jun 2022 |
| | | | | 18 Jul 2022 | 06 Jun 2022 | 09 Jun 2022 |
| | | | | 03 Dec 2022 | 14 May 2022 | 14 May 2022 |
| | | 30 Oct 2022 | 02 Nov 2022 | 02 Nov 2022 | 05 Sep 2022 | 05 Sep 2022 |
| 15 Sep 2022 | 24 Sep 2022 | 30 Oct 2022 | 02 Nov 2022 | 02 Nov 2022 | 06 Sep 2022 | 06 Sep 2022 |
| | | 21 Oct 2022 | 27 Oct 2022 | 27 Oct 2022 | 18 Aug 2022 | 22 Aug 2022 |
| | | | | 03 Dec 2022 | 26 Aug 2022 | 26 Aug 2022 |
| 14 Oct 2022 | 04 Nov 2022 | 05 Nov 2022 | | 05 Nov 2022 | 29 Sep 2022 | 29 Sep 2022 |
| 11 Nov 2022 | 05 Dec 2022 | 05 Dec 2022 | 14 Dec 2022 | 14 Dec 2022 | 05 Sep 2022 | 05 Sep 2022 |
| 11 Nov 2022 | 12 Nov 2022 | 14 Nov 2022 | 23 Nov 2022 | 23 Nov 2022 | 06 Sep 2022 | 06 Sep 2022 |
| | | 11 Jan 2023 | 13 Jan 2023 | 13 Jan 2023 | 21 Dec 2022 | 24 Dec 2022 |
| | | | | 30 Jan 2023 | 21 Dec 2022 | 24 Dec 2022 |

| Lenght of Stay | CImAmount | CImApprovedAmt | Settled_Amt_Band | Approved Amt Before d | Outstanding Reserve | Basic_Sum_Insured |
|-----------------------|------------------|-----------------------|-------------------------|------------------------------|----------------------------|--------------------------|
| 3 | 40000 | 40000 | 25001-50000 | 40000 | 40000.000000 | 1500000 |
| 1 | 69402 | 66393 | 50001-100000 | 67709 | 66393.000000 | 5000000 |
| 32 | 73001 | 56235 | 50001-100000 | 56235 | 56235.000000 | 2250000 |
| 1 | 30000 | 30000 | 25001-50000 | 30000 | 30000.000000 | 1500000 |
| 4 | 195697 | 150000 | 100001-150000 | 188647 | 150000.000000 | 2250000 |
| 4 | 225086 | 219698 | 200001-250000 | 219698 | 219698.000000 | 2250000 |
| 4 | 24110 | 22560 | 10001-25000 | 22560 | 22560.000000 | 2250000 |
| 4 | 63363 | 0 | | 0 | 0.000000 | 2250000 |
| 1 | 6032 | 0 | | 0 | 0.000000 | 3000000 |
| 1 | 44000 | 40000 | 25001-50000 | 44000 | 40000.000000 | 3000000 |
| 1 | 44000 | 40000 | 25001-50000 | 44000 | 40000.000000 | 3000000 |
| 5 | 42597 | 40866 | 25001-50000 | 40866 | 40866.000000 | 2250000 |
| 1 | 38849 | 0 | | 0 | 0.000000 | 3800000 |
| 1 | 57930 | 43562 | 25001-50000 | 48194 | 43562.000000 | 3000000 |
| 1 | 4000 | 4000 | 2501-5000 | 4000 | 4000.000000 | 3000000 |
| 1 | 4000 | 4000 | 2501-5000 | 4000 | 4000.000000 | 3000000 |
| 4 | 583478 | 539866 | Above 5 Lacs | 567011 | 539866.000000 | 3000000 |
| 4 | 25971 | 0 | | 0 | 20777.000000 | 3000000 |

| Sum_Insured | Balance Sum Insured | Ailment_code | Ailment_Grp | Illness | Procedure Type(Surgic CLAIM AILMENT AS PE |
|-------------|---------------------|--------------|--|------------------------------------|--|
| 1500000 | 1430000 | H25.11 | CATARACT | Age-related nuclear cataract | Removal of cataract right eye cataract |
| 5000000 | 4933607 | H25.011 | CATARACT | Cortical age-related cataract | Phaco with IOL-Extracaps Senile cataract RE (Rt. Ey |
| 2250000 | 2193765 | O80.0 | NORMAL DELIVERY | Single spontaneous delivery | Spontaneous vertex delivery G2P1L1 WITH NORMAL |
| 1500000 | 1430000 | H25.092 | CATARACT | Other age-related incipient | Removal of cataract LE IMSC CATARACT |
| 2250000 | 2100000 | O82.0 | CAESAREAN SECTION | Encounter for cesarean delivery | Caesarean section (LSC) Primi FTD / LSCS |
| 2250000 | 2007742 | K80.0 | DISORDERS OF THE GASTROINTESTINAL SYSTEM | Cholelithiasis | Cholecystectomy Cholelithiasis |
| 2250000 | 2007742 | K80.0 | DISORDERS OF THE GASTROINTESTINAL SYSTEM | Cholelithiasis | Cholecystectomy Cholelithiasis |
| 2250000 | 2100000 | P07.30 | NEONATAL DISORDERS | Preterm newborn, unspecified | Medical management well baby |
| 3000000 | 3000000 | L72.3 | SKIN DISORDERS | Sebaceous cyst | Excision of lesion of skin small pedunculated growth |
| 3000000 | 2912000 | H25.011 | CATARACT | Cortical age-related cataract | Phaco with IOL-Extracaps BLURRED VISION IN LEFT |
| 3000000 | 2912000 | H25.12 | CATARACT | Age-related nuclear cataract | Phaco with IOL-Extracaps LEFT DEFECTIVE VISION |
| 2250000 | 2209134 | R50.8 | INFECTIOUS DISEASES | Other specified fever | Conservative Treatment FEVER |
| 3800000 | 3800000 | D64.9 | DISORDERS OF BLOOD | Anemia, unspecified | Conservative Treatment anemia |
| 3000000 | 2956438 | N83.20 | GYNECOLOGICAL DISORDERS | Unspecified ovarian cysts | polypectomy uterus AUB |
| 3000000 | 2912000 | H25.011 | CATARACT | Cortical age-related cataract | Phaco with IOL-Extracaps CATARACT |
| 3000000 | 2912000 | H25.011 | CATARACT | Cortical age-related cataract | Phaco with IOL-Extracaps cataract |
| 3000000 | 2460134 | M51.26 | DISORDERS OF THE MUSCULOSKELETAL SYSTEM | Other intervertebral disc disorder | Other spinal procedures Other intervertebral disc disorder |
| 3000000 | 2460134 | M51 | DISORDERS OF THE MUSCULOSKELETAL SYSTEM | Other intervertebral disc disorder | |

| HospID | HospName | CityName | HOSPITAL STATE | NETWORK/NON-NETW | HOSPITAL IS IN PPN Y | RoomCategory |
|---------------|-----------------------------|-----------------|-----------------------|-------------------------|-----------------------------|----------------------------|
| 50282 | Dr Shroffs Charity Eye Ho | New Delhi | Delhi | Network | PPN | Day care |
| 50989 | Sitaram Bhartia Institute C | New Delhi | Delhi | Network | Non-PPN | Deluxe (Luxury/ Super De |
| 217094 | Aakash Healthcare | New Delhi | Delhi | Network | PPN | Sharing Ward (Semiprivat |
| 50282 | Dr Shroffs Charity Eye Ho | New Delhi | Delhi | Network | PPN | Day care |
| 50989 | Sitaram Bhartia Institute C | New Delhi | Delhi | Network | Non-PPN | Single Ward (Private / Sp |
| 50989 | Sitaram Bhartia Institute C | New Delhi | Delhi | Network | Non-PPN | Sharing Ward (Semiprivat |
| 50989 | Sitaram Bhartia Institute C | New Delhi | Delhi | Network | Non-PPN | General Ward (Economy '1 |
| 50989 | Sitaram Bhartia Institute C | New Delhi | Delhi | Network | Non-PPN | Single Ward (Private / Sp |
| 50916 | Sehgal Neo Hospital | New Delhi | Delhi | Network | PPN | PVT A/C |
| 98415 | Dr Agarwals Eye Hospital | Chennai | Tamil Nadu | Network | PPN | Day care |
| 98415 | Dr Agarwals Eye Hospital | Chennai | Tamil Nadu | Network | PPN | Single Ward (Private / Sp |
| 135012 | Lord Krishna Hospital | Gurgaon | Haryana | Non-Network | Non-PPN | General Ward (Economy '1 |
| 57271 | Fortis Flt Lt Rajan Dhall H | New Delhi | Delhi | Network | PPN | General Ward (Economy '1 |
| 221053 | Madhukar Rainbow Childr | New Delhi | Delhi | Network | PPN | Single Ward (Private / Sp |
| 98415 | Dr Agarwals Eye Hospital | Chennai | Tamil Nadu | Network | PPN | General Ward (Economy '1 |
| 98415 | Dr Agarwals Eye Hospital | Chennai | Tamil Nadu | Network | PPN | Day care |
| 95568 | Medanta The Medicity | Gurgaon | Haryana | Network | PPN | Deluxe (Luxury/ Super De |
| 95568 | Medanta The Medicity | Gurgaon | Haryana | Network | PPN | |

| Room Charges Claimed | Room Charges Paid | Other Hospital Charges | Other Hospital Charges | Lab Charges Claimed | Lab Charges Paid | Medi Charges Claimed |
|-----------------------------|--------------------------|-------------------------------|-------------------------------|----------------------------|-------------------------|-----------------------------|
| 8775 | 8775 | | | | | 19450 |
| 9500 | 9500 | | | 6410 | 559 | 18701 |
| 51000 | 51000 | | | 2415 | 2415 | 26779 |
| 46575 | 46575 | | | 3680 | 3680 | 38165 |
| | | | | 21460 | 20160 | |
| 2500 | 2500 | | | 5332 | 5332 | 3534 |
| | | | | 640 | 640 | 1592 |
| 10000 | 10000 | 1500 | 1500 | 4050 | 4050 | 6447 |
| 2500 | 2500 | | | 18270 | 18270 | 5669 |
| 9200 | 9200 | | | 3620 | 3620 | 11603 |
| 46500 | 46500 | 1500 | 1500 | 5360 | 5360 | 35085 |
| | | | | 12526 | 12526 | |

| Medi Charges Paid | Misc Charges Claimed | Misc Charges Paid | Surgery Charges Claim | Surgery Charges Paid | Consultant Charges Claimed | Consultant Charges Paid |
|--------------------------|-----------------------------|--------------------------|------------------------------|-----------------------------|-----------------------------------|--------------------------------|
| 18257 | 500 | 0 | 16749 | 16749 | 23928 | 23928 |
| 15065 | | | 10600 | 6861 | 27790 | 24250 |
| 20669 | 500 | 0 | 80520 | 80080 | 34483 | 34483 |
| 33277 | 500 | 0 | 26884 | 26884 | 106645 | 106645 |
| | | | 250 | 0 | 2400 | 2400 |
| 2445 | 16350 | 16350 | | | 35647 | 35647 |
| 1592 | | | | | 3800 | 3800 |
| 4816 | 100 | 0 | | | 20500 | 20500 |
| 5669 | | | | | 12410 | 12410 |
| 6017 | 6600 | 2450 | 25507 | 25507 | 1400 | 1400 |
| | | | | | 4000 | 4000 |
| | | | | | 4000 | 4000 |
| 26875 | 5475 | 0 | 415150 | 412968 | 74408 | 73808 |
| | 5865 | 5865 | | | 7580 | 7580 |

| Hospital Discount | Patient Paid Amount | Deduction Amt | Non Pay Reasons | PaymentChequeNo | PaymentChequeDate | Document_Required |
|-------------------|---------------------|---------------|-----------------------------|------------------|-------------------|-------------------|
| 0.0 | | 0.0 | | 211200196GN00631 | 22 Apr 2022 | |
| 1316.0 | | 1693.0 | 5/-alco swab, 10/-face ma | 212000144GN00217 | 30 Apr 2022 | |
| 0.0 | | 16766.0 | Bill No: 010 dated: 19/11/; | 220700325GN00053 | 25 Jul 2022 | |
| 0.0 | | 0.0 | | 300500328GN00333 | 05 Jan 2023 | |
| 8027.0 | | 7050.0 | Rs-100/-Mask, Rs-610/-teç | 231800332GN00772 | 14 Nov 2022 | |
| 0.0 | | 5388.0 | MISCROSHIEL 100FACE | 227000538GN00049 | 27 Sep 2022 | |
| 0.0 | | 1550.0 | REGISTRATION, ,,NO C | 219700161GN00224 | 16 Jul 2022 | |
| 0.0 | | 63363.0 | Bill No: 837 dated: 09/06/; | | | |
| 0.0 | | 6032.0 | ''' '''''' | | | |
| 0.0 | 4000.0 | 0.0 | | 230400401GN00139 | 31 Oct 2022 | |
| 0.0 | 4000.0 | 0.0 | | 230400401GN00138 | 31 Oct 2022 | |
| 0.0 | | 1731.0 | Bill No: 113 dated: 22/08/; | 229400489GN00128 | 21 Oct 2022 | |
| 0.0 | | 38849.0 | Bill No: 031 dated: 26/08/; | | | |
| 4632.0 | | 9736.0 | Rs-1600/-admission 350/- | | | |
| 0.0 | | 0.0 | Bill No: 001 dated: 05/09/; | 233900411GN00164 | 05 Dec 2022 | |
| 0.0 | | 0.0 | Bill No: 1 dated: 06/09/20; | 231900244GN00315 | 14 Nov 2022 | |
| 27145.0 | | 16467.0 | 191/-iv cannula,176/-iv se | 301100560GN00696 | 09 Jan 2023 | |
| | | 25971.0 | | | | |

Denial Clause**Denial Reasons****ClmAppRemarks**

Approve

APPROVE

On perusal of claim

On perusal of claim documents the patient Baby Of Charu was diagnosed with well baby and treated for the same at Sitaram Bhart

On perusal of claim docur

On perusal of claim documents patient- Sh Sachin Joneja diagnosed with -Sebaceous cyst(excision under LA) treated for the same

App

App

approve

On perusal of claim docur

On perusal of claim documents the patient Sh Ananta Gopal Das was treated at Fortis Flt Lt Rajan Dhall Hospital for diagnostic purp

Approved

APPROVE

Approved

ia Institute Of Science And Research New Delhi On 06 Jun 2022.The claimant is covered under IFFCO-TOKIO General insurance Co.Ltd since 06-Jun-2022 Observed on processing th
at-Sehgal Neo Hospital - New Delhi - 14 May 2022 .The claimant is covered under The IFFCO-TOKIO General Insurance Co. Ltd since-01 Apr 2022Claim stands Denied as As per rcvc

pose on 26 Aug 2022. The claimant is covered under IFFCO-TOKIO General insurance Co.Ltd since 01 Apr 2022. Observed on processing that Admission for diagnostic purposes are n

That well baby is not covered, which is not admissible as per policy terms and conditions. Hence we regret our inability to pay as per policy terms and conditions
If document diagnosis is small pedunculated growth on rt. chest excision under LA. OPD procedure is not a listed daycare procedure and does not warrant need for 24 hrs hospitalization. (

on OPD basis.*Hence we regret our inability to pay as per policy terms and conditions.

ANNEXURE – VI

FORMAT FOR SUBMITTING BID BY THE INSURANCE COMPANIES

A. BASIC DETAILS

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

B. FINANCIAL BID

The premium quotation for a sum insured of **Rs. 21,27,50,000/-** for 233 members as per list given as **Annexure – I** of tender document is submitted as under;

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

C. DECLARATION

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

Date:
Place:

Authorized Signatory

Name:
Designation: