

PFRDA/05/03/0018/2017-HR

21.02.2024

To

Various General Insurance companies

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

Pension Fund Regulatory and Development Authority (PFRDA) is a statutory regulator established under PFRDA Act, 2013 to promote old age income security by establishing, developing and regulating Pension Funds and to protect the interest of subscribers to scheme of pension funds, with its office located at New Delhi. PFRDA proposes to avail a Group Medi-claim (Family Floater) policy for its officers/staff and their dependent family members for a period of one year, i.e., from **01.04.2024** to **31.03.2025**.

2. At present, the coverage under the GMC (family floater) policy is to be provided to a total of 281 members, i.e., existing 98 officers/staff members (including 04 retired employees) and their 183 dependents for a total sum insured of **Rs. 26,05,00,000/-** (Rs. Twenty-Six Crore Five Lacs only). The list of the officials/staff and their dependents along with the respective sum insured and 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 dated 05.04.2023. The copy of the earlier GMC policy is enclosed herewith for reference as **Annexure – II**. Further, the details of the amounts claimed under the earlier GMC policy(s) availed by PFRDA for the period 01.04.2021 to 31.03.2022, 01.04.2022 to 31.03.2023, and 01.04.2023 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 2023-24 as on 31.01.2024 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 delivery and Rs. 1,50,000/- for Caesarean delivery, without any waiting period for all existing female employees and in respect of male employees, their dependent spouse, as the case may be.
- c. Day one cover for New Born baby covered overall 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 during the course of policy.
- 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. Coverage to be extended pan India.
- 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 13.03.2024 (Wednesday)** at the following address: -

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

6. The pre-bid meeting shall be held on **29.02.2024 (Thursday) at 15:30 Hrs.** and the bids shall be opened on **13.03.2024 (Wednesday) at 16:30 Hrs.**, in the office as per above-mentioned address or the new address of PFRDA at New Delhi. **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 bare minimum but shall not exceed six hours.
 - e. The Claim Statement is to be furnished by the Insurance Company to PFRDA on quarterly basis.
 - f. The Insurance company shall maintain absolute confidentiality and not share the personal data of the employees and their dependents with any third party and shall not give any unauthorized access of the same to any of its employees or agents, other than those who are involved in submission of bid or servicing the policy, if bid is awarded. The details shall not be used for any targeted advertising or unsolicited advices and personal information shall be accorded highest protection in accordance with the prevalent laws in India, failing which the company shall be held liable.
8. PFRDA reserves the right to terminate this process at any point of time, pre or post selection and without their being any obligation owed to any person including the bidders or the successful bidder. There shall be no obligation to award the policy to any party much less the successful bidder. PFRDA shall have the right to modify the terms and conditions of this invitation to offer at any time, based on its requirements. PFRDA shall have the right to reject the bids which in its opinion are conditional.
9. The Bid is to be submitted for the basic sum insured of **Rs. 26,05,00,000/-** as per format given in **Annexure VI**.
10. Any or all matters arising out of this process or subsequently at any stage shall be subject to the exclusive jurisdiction of the courts at New Delhi only

Yours sincerely,

Sd/-

Chief General Manager (HR, Legal & Admin)
Tele. No. 011 - 26543115

List of PFRDA Officials & Dependent Family Members for GMC Policy 2024-2025**(Annexure-I)**

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2024)	Sum insured (in Rs.)
1	Employee no. 1	117	March 20, 2023	Self	1-Jun-1960	63	50,00,000
2	Dependent no. 1			Daughter	8-Mar-1991	33	
3	Dependent no. 2			Daughter	20-Jul-1998	25	
4	Employee no. 2	85	October 01, 2020	Self	5-Apr-1963	60	50,00,000
5	Dependent no. 1			Wife	25-Oct-1966	57	
6	Employee no. 3	118	April 10, 2023	Self	14-Sep-1964	59	50,00,000
7	Dependent no. 1			Husband	1-Mar-1962	62	
8	Dependent no. 2			Daughter	28-Jan-1998	26	
9	Employee no. 4	81	February 21, 2020	Self	17-Jan-1958	66	50,00,000
10	Dependent no. 1			Wife	7-Nov-1965	58	
11	Employee no. 5	82	March 03, 2020	Self	5-May-1960	63	50,00,000
12	Dependent no. 1			Wife	19-Aug-1966	57	
13	Employee no. 6	1	October 1, 2009	Self	24-Apr-58	65	37,50,000
14	Dependent no. 1			Wife	05-Jan-59	65	
15	Employee no. 7	21	January 2, 2012	Self	29-Sep-1964	59	37,50,000
16	Dependent no. 1			Wife	19-May-1973	50	
17	Dependent no. 2			Daughter	28-Sep-1996	27	
18	Employee no. 8	6	July 1, 2011	Self	20-Apr-1967	56	37,50,000
19	Dependent no. 1			Husband	21-Jun-1965	58	
20	Employee no. 9	93	Auguts 9, 2021	Self	30-Apr-1969	54	37,50,000
21	Dependent no. 1			Wife	23-May-1975	48	
22	Dependent no. 2			Daughter	27-Jan-1999	25	
23	Employee no. 10	11	July 22, 2011	Self	17-Nov-1970	53	37,50,000
24	Dependent no. 1			Husband	21-Jan-1967	57	
25	Dependent no. 2			Son	5-Oct-2010	13	
26	Employee no. 11	5	June 27, 2011	Self	10-Aug-1968	55	37,50,000
27	Dependent no. 1			Wife	19-Jan-1974	50	
28	Dependent no. 2			Daughter	17-Aug-2002	21	

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age competed in years (as on 01.04.2024)	Sum insured (in Rs.)
29	Employee no. 12	116	February 15, 2023	Self	5-Jan-1976	48	37,50,000
30	Dependent no. 1			Wife	11-Feb-1979	45	
31	Dependent no. 2			Daughter	11-Oct-2004	19	
32	Employee no. 13	28	February 15, 2012	Self	1-Nov-1958	65	30,00,000
33	Dependent no. 1			Wife	14-Sep-59	64	
34	Employee no. 14	10	July 21, 2011	Self	2-Apr-1968	55	30,00,000
35	Dependent no. 1			Wife	19-Sep-1973	50	
36	Employee no. 15	13	July 29, 2011	Self	27-May-1971	52	30,00,000
37	Dependent no. 1			Wife	16-Feb-1975	49	
38	Dependent no. 2			Daughter	15-Sep-2003	20	
39	Dependent no. 3			Daughter	23-Dec-2006	17	
40	Dependent no. 4			Father	6-Jul-1943	80	
41	Dependent no. 5			Mother	15-Jun-1948	75	
42	Employee no. 16	16	September 21, 2011	Self	19-Feb-1974	50	30,00,000
43	Dependent no. 1			Mother	7-Feb-1944	80	
44	Dependent no. 2			Wife	6-May-1980	43	
45	Dependent no. 3			Son	22-Oct-2005	18	
46	Dependent no. 4			Daughter	7-May-2008	15	
47	Employee no. 17	39	March 2, 2012	Self	18-Apr-1972	51	30,00,000
48	Dependent no. 1			Father	9-Jan-1945	79	
49	Dependent no. 2			Mother	1-May-1950	73	
50	Dependent no. 3			Wife	14-Nov-1975	48	
51	Dependent no. 4			Son	30-Jul-2001	22	
52	Dependent no. 5			Son	2-Nov-2009	14	
53	Employee no. 18	15	September 9, 2011	Self	10-Apr-1976	47	30,00,000
54	Dependent no. 1			Wife	22-Jun-1982	41	
55	Dependent no. 2			Son	7-Feb-2004	20	
56	Dependent no. 3			Daughter	26-Jan-2008	16	

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age competed in years (as on 01.04.2024)	Sum insured (in Rs.)
57	Employee no. 19	17	September 28, 2011	Self	13-Nov-1975	48	30,00,000
58	Dependent no. 1			Wife	5-Feb-1982	42	
59	Dependent no. 2			Daughter	5-Oct-2010	13	
60	Dependent no. 3			Son	27-Jan-2015	9	
61	Dependent no. 4			Father	1-Aug-1950	73	
62	Dependent no. 5			Mother	13-Jul-1954	69	
63	Employee no. 20	40	March 23, 2012	Self	2-Jul-1973	50	30,00,000
64	Dependent no. 1			Wife	16-May-1975	48	
65	Dependent no. 2			Son	20-Dec-2004	19	
66	Employee no. 21	7	July 5, 2011	Self	22-Oct-1976	47	30,00,000
67	Dependent no. 1			Wife	23-Feb-1978	46	
68	Dependent no. 2			Daughter	6-Jul-2002	21	
69	Dependent no. 3			Daughter	6-Oct-2007	16	
70	Employee no. 22	20	December 21, 2011	Self	9-Mar-1978	46	30,00,000
71	Dependent no. 1			Mother	15-Feb-1951	73	
72	Dependent no. 2			Wife	26-Sep-1979	44	
73	Dependent no. 3			Son	29-Jan-2009	15	
74	Dependent no. 4			Son	4-May-2012	11	
75	Employee no. 23	29	February 16, 2012	Self	26-Aug-1977	46	30,00,000
76	Dependent no. 1			Wife	1-Mar-1982	42	
77	Dependent no. 2			Daughter	29-Apr-2012	11	
78	Dependent no. 3			Son	30-Jan-2007	17	
79	Dependent no. 4			Father	20-Oct-1943	80	
80	Dependent no. 5			Mother	7-Jul-1951	72	

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2024)	Sum insured (in Rs.)
81	Employee no. 24	36	February 29, 2012	Self	7-Oct-1979	44	30,00,000
82	Dependent no. 1			Spouse	8-May-1978	45	
83	Dependent no. 2			Daughter	15-May-2013	10	
84	Dependent no. 3			Father-in-law	15-Dec-1945	78	
85	Employee no. 25	12	July 26, 2011	Self	18-Oct-1975	48	30,00,000
86	Dependent no. 1			Husband	8-Jul-1974	49	
87	Dependent no. 2			Daughter	12-Jul-2012	11	
88	Dependent no. 3			Son	22-Aug-2014	9	
89	Employee no. 26	19	December 20, 2011	Self	20-May-1971	52	30,00,000
90	Dependent no. 1			Father	27-Mar-1936	88	
91	Dependent no. 2			Mother	6-Mar-1943	81	
92	Dependent no. 3			Sister	26-Apr-1980	43	
93	Dependent no. 4			Daughter	5-Oct-2020	3	
94	Employee no. 27	22	January 24, 2012	Self	24-Apr-1976	47	30,00,000
95	Dependent no. 1			Daughter	18-Jul-2013	10	
96	Dependent no. 2			Mother	1-Sep-1947	76	
97	Dependent no. 3			Father	10-Jul-1947	76	
98	Employee no. 28	30	February 16, 2012	Self	14-May-1977	46	30,00,000
99	Dependent no. 1			Wife	10-Jun-1980	43	
100	Dependent no. 2			Son	5-Jul-2010	13	
101	Employee no. 29	24	February 7, 2012	Self	25-Sep-1981	42	30,00,000
102	Dependent no. 1			Husband	19-Sep-1981	42	
103	Dependent no. 2			Daughter	23-Dec-2015	8	
104	Employee no. 30	27	February 13, 2012	Self	25-Apr-1981	42	30,00,000
105	Dependent no. 1			Husband	6-Dec-1981	42	
106	Dependent no. 2			Son	27-Nov-2012	11	
107	Dependent no. 3			Son	26-Jul-2016	7	
108	Employee no. 31	33	February 24, 2012	Self	9-Mar-1982	42	30,00,000
109	Dependent no. 1			Wife	18-Oct-1985	38	
110	Dependent no. 2			Father	7-May-1951	72	
111	Dependent no. 3			Son	18-Apr-2020	3	
112	Dependent no. 4			Son	18-Apr-2020	3	

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2024)	Sum insured (in Rs.)
113	Employee no. 32	47	June 8, 2012	Self	17-May-1981	42	30,00,000
114	Dependent no. 1			Husband	11-Oct-1978	45	
115	Dependent no. 2			Daughter	22-Nov-2007	16	
116	Dependent no. 3			Mother-in-law	29-Jul-1959	64	
117	Dependent no. 4			Son	22-Mar-2018	6	
118	Employee no. 33	48	June 11, 2012	Self	31-Jan-1977	47	30,00,000
119	Dependent no. 1			Son	5-Feb-2013	11	
120	Employee no. 34	49	September 17, 2012	Self	11-Jun-1982	41	30,00,000
121	Dependent no. 1			Daughter	30-Nov-2013	10	
122	Employee no. 35	2	October 1, 2009	Self	30-Jun-1977	46	22,50,000
123	Dependent no. 1			Sister	2-Jul-1984	39	
124	Employee no. 36	23	January 30, 2012	Self	2-Jan-1982	42	22,50,000
125	Dependent no. 1			Husband	2-Jan-1980	44	
126	Dependent no. 2			Son	21-Feb-2011	13	
127	Dependent no. 3			Father	5-Mar-1952	72	
128	Dependent no. 4			Mother	25-Sep-1961	62	
129	Dependent no. 5			Son	17-Jul-2021	2	
130	Employee no. 37	26	February 8, 2012	Self	28-Jan-1986	38	22,50,000
131	Dependent no. 1			Wife	15-Nov-1989	34	
132	Dependent no. 2			Son	14-Dec-2015	8	
133	Employee no. 38	31	February 16, 2012	Self	16-Aug-1984	39	22,50,000
134	Dependent no. 1			Mother	31-Jan-1955	69	
135	Dependent no. 2			Wife	5-Jun-1984	39	
136	Dependent no. 3			Daughter	30-Oct-2014	9	
137	Dependent no. 4			Daughter	11-Feb-2020	4	
138	Employee no. 39	32	February 17, 2012	Self	9-May-1984	39	22,50,000
139	Dependent no. 1			Wife	30-Apr-1983	40	
140	Dependent no. 2			Daughter	21-Jul-2016	7	

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2024)	Sum insured (in Rs.)
141	Employee no. 40	34	February 24, 2012	Self	1-Jul-1984	39	22,50,000
142	Dependent no. 1			Wife	15-Sep-1984	39	
143	Dependent no. 2			Father	26-Mar-1958	66	
144	Dependent no. 3			Mother	12-Dec-1962	61	
145	Dependent no. 4			Daughter	9-May-2015	8	
146	Dependent no. 5			Daughter	5-Apr-2022	1	
147	Employee no. 41	38	March 1, 2012	Self	22-May-1986	37	22,50,000
148	Dependent no. 1			Wife	26-Jan-1989	35	
149	Dependent no. 2			Father	1-Jan-1954	70	
150	Dependent no. 3			Mother	1-Jan-1961	63	
151	Dependent no. 4			Son	28-Aug-2018	5	
152	Dependent no. 5			Daughter	18-Nov-2020	3	
153	Employee no. 42	41	April 2, 2012	Self	2-Nov-1983	40	22,50,000
154	Dependent no. 1			Wife	17-Feb-1986	38	
155	Dependent no. 2			Daughter	29-Nov-2010	13	
156	Dependent no. 3			Daughter	14-Jun-2019	4	
157	Employee no. 43	42	April 3, 2012	Self	17-Oct-1982	41	22,50,000
158	Dependent no. 1			Wife	23-Oct-1982	41	
159	Dependent no. 2			Daughter	5-May-2016	7	
160	Employee no. 44	44	April 25, 2012	Self	21-May-1986	37	22,50,000
161	Dependent no. 1			Mother	18-Feb-1961	63	
162	Dependent no. 2			Wife	30-Jul-1991	32	
163	Dependent no. 3			Son	19-Jun-2015	8	
164	Employee no. 45	45	April 26, 2012	Self	17-Sep-1983	40	22,50,000
165	Dependent no. 1			Wife	5-Oct-1985	38	
166	Dependent no. 2			Daughter	6-May-2014	9	

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2024)	Sum insured (in Rs.)
167	Employee no. 46	46	April 30, 2012	Self	25-Jan-1984	40	22,50,000
168	Dependent no. 1			Wife	25-Aug-1988	35	
169	Dependent no. 2			Daughter	5-Sep-2013	10	
170	Employee no. 47	37	March 1, 2012	Self	23-Sep-1984	39	22,50,000
171	Dependent no. 1			Mother	6-Jan-1960	64	
172	Dependent no. 2			Daughter	3-Jul-2012	11	
173	Employee no. 48	43	April 16, 2012	Self	31-Aug-1984	39	22,50,000
174	Dependent no. 1			Husband	1-Jul-1984	39	
175	Employee no. 49	56	July 28, 2017	Self	28-Apr-91	32	22,50,000
176	Dependent no. 1			Wife	12-Dec-94	29	
177	Dependent no. 2			Son	06-Jun-22	1	
178	Dependent no. 3			Father-in-law	10-Jun-65	58	
179	Dependent no. 4			Mother-in-law	11-Jul-68	55	
180	Employee no. 50	58	July 28, 2017	Self	14-Sep-90	33	22,50,000
181	Employee no. 51	59	July 28, 2017	Self	03-Apr-91	32	22,50,000
182	Dependent no. 1			Wife	12-Apr-90	33	
183	Dependent no. 2			Daughter	02-Nov-19	4	
184	Dependent no. 3			Father	30-Jun-60	63	
185	Dependent no. 4			Mother	12-Jul-62	61	
186	Dependent no. 5			Sister	29-Nov-97	26	
187	Employee no. 52	60	July 28, 2017	Self	21-Jun-91	32	22,50,000
188	Employee no. 53	61	August 1, 2017	Self	19-Oct-91	32	22,50,000
189	Employee no. 54	62	August 7, 2017	Self	13-Aug-92	31	22,50,000
190	Dependent no. 1			Wife	31-May-93	30	
191	Employee no. 55	64	August 10, 2017	Self	17-Jul-92	31	22,50,000

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2024)	Sum insured (in Rs.)
192	Employee no. 56	65	August 14, 2017	Self	11-May-92	31	22,50,000
193	Dependent no. 1			Spouse	08-Jun-93	30	
194	Dependent no. 2			Father	17-Apr-57	66	
195	Dependent no. 3			Mother	01-Jul-1960	63	
196	Employee no. 57	66	August 14, 2017	Self	29-Nov-89	34	22,50,000
197	Dependent no. 1			Mother	01-May-68	55	
198	Dependent no. 2			Sister	14-Feb-97	27	
199	Dependent no. 3			Wife	28-Jan-94	30	
200	Employee no. 58	67	August 16, 2017	Self	27-Mar-91	33	22,50,000
201	Dependent no. 1			Wife	21-Jan-95	29	
202	Employee no. 59	70	August 16, 2017	Self	13-Oct-89	34	22,50,000
203	Dependent no. 1			Wife	05-Aug-92	31	
204	Dependent no. 2			Mother	02-Feb-68	56	
205	Dependent no. 3			Daughter	02-Dec-19	4	
206	Employee no. 60	71	October 30, 2017	Self	28-Apr-92	31	22,50,000
207	Dependent no. 1			Wife	10-Mar-95	29	
208	Dependent no. 2			Father	01-Jul-68	55	
209	Dependent no. 3			Mother	01-Jan-71	53	
210	Employee no. 61	72	January 12, 2018	Self	27-Apr-1991	32	22,50,000
211	Employee no. 62	86	January 25, 2021	Self	16-Sep-1994	29	22,50,000
212	Dependent no. 1			Mother	4-Feb-1968	56	
213	Employee no. 63	89	February 05, 2021	Self	11-Mar-1996	28	22,50,000
214	Employee no. 64	90	February 15, 2021	Self	7-Dec-1996	27	22,50,000
215	Employee no. 65	94	February 8, 2022	Self	23-Aug-1994	29	22,50,000
216	Employee no. 66	95	February 9, 2022	Self	22-Jun-1997	26	22,50,000
217	Dependent no. 1			Wife	9-Sep-1999	24	
218	Dependent no. 2			Father	10-Aug-1977	46	
219	Dependent no. 3			Mother	4-May-1980	43	
220	Employee no. 67	96	February 14, 2022	Self	15-Oct-1994	29	22,50,000

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2024)	Sum insured (in Rs.)
221	Employee no. 68	97	February 14, 2022	Self	5-Sep-1991	32	22,50,000
222	Employee no. 69	98	February 15, 2022	Self	5-Nov-1998	25	22,50,000
223	Employee no. 70	99	February 17, 2022	Self	30-Aug-1995	28	22,50,000
224	Employee no. 71	100	February 17, 2022	Self	21-Nov-1994	29	22,50,000
225	Employee no. 72	102	March 08, 2022	Self	13-Aug-1995	28	22,50,000
226	Employee no. 73	103	March 14, 2022	Self	21-Mar-1998	26	22,50,000
227	Employee no. 74	104	March 14, 2022	Self	2-May-1997	26	22,50,000
228	Dependent no. 1			Mother	5-May-1969	54	
229	Dependent no. 2			Father	17-Feb-1966	58	
230	Employee no. 75	105	March 30, 2022	Self	30-May-1995	28	
231	Employee no. 76	106	April 29, 2022	Self	3-Jul-1994	29	22,50,000
232	Dependent no. 1			Husband	3-May-1993	30	
233	Dependent no. 2			Father-in-Law	25-Aug-1965	58	
234	Dependent no. 3			Mother-in-Law	1-Jan-1971	53	
235	Employee no. 77	112	June 30, 2022	Self	11-Nov-1993	30	22,50,000
236	Dependent no. 1			Wife	19-Aug-1993	30	
237	Dependent no. 2			Son	22-Aug-2023	0	
238	Employee no. 78	119	July 3, 2023	Self	22-Aug-1995	28	22,50,000
239	Employee no. 79	120	July 3, 2023	Self	11-Dec-1994	29	22,50,000
240	Dependent no. 1			Mother	15-Jun-1965	58	
241	Employee no. 80	121	July 3, 2023	Self	14-Nov-1991	32	22,50,000
242	Employee no. 81	122	July 3, 2023	Self	9-Jul-1999	24	22,50,000
243	Employee no. 82	124	July 3, 2023	Self	6-Nov-1998	25	22,50,000
244	Dependent no. 1			Mother	22-Jun-1973	50	
245	Dependent no. 2			Sister	8-Mar-2002	22	
246	Employee no. 83	125	July 3, 2023	Self	14-Feb-1998	26	22,50,000
247	Employee no. 84	126	July 3, 2023	Self	25-Oct-1988	35	22,50,000
248	Dependent no. 1			Wife	23-Sep-1990	33	
249	Dependent no. 2			Mother	4-Jan-1959	65	

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age competed in years (as on 01.04.2024)	Sum insured (in Rs.)
250	Employee no. 85	127	July 3, 2023	Self	27-May-1996	27	22,50,000
251	Dependent no. 1			Father	17-Apr-1967	56	
252	Dependent no. 2			Mother	16-Oct-1971	52	
253	Employee no. 86	128	July 3, 2023	Self	10-Sep-1994	29	22,50,000
254	Employee no. 87	129	July 3, 2023	Self	18-Jan-1996	28	22,50,000
255	Employee no. 88	130	July 3, 2023	Self	19-Dec-1997	26	22,50,000
256	Employee no. 89	131	July 3, 2023	Self	19-Oct-1990	33	22,50,000
257	Dependent no. 1			Wife	16-Mar-1991	33	
258	Dependent no. 2			Daughter	11-Mar-2018	6	
259	Employee no. 90	132	July 3, 2023	Self	4-Aug-1991	32	22,50,000
260	Dependent no. 1			Wife	5-Oct-1993	30	
261	Dependent no. 2			Daughter	20-Apr-2020	3	
262	Dependent no. 3			Son	6-Sep-2023	0	
263	Employee no. 91	134	July 3, 2023	Self	22-Sep-1998	25	22,50,000
264	Dependent no. 1			Father	7-Apr-1965	58	
265	Dependent no. 2			Mother	1-Jan-1967	57	
266	Employee no. 92	135	July 3, 2023	Self	1-Jul-1993	30	22,50,000
267	Dependent no. 1			Mother	17-Jul-1967	56	
268	Dependent no. 2			Father	1-Jun-1963	60	
269	Employee no. 93	136	July 3, 2023	Self	11-Mar-1994	30	22,50,000
270	Employee no. 94	137	July 3, 2023	Self	22-Aug-1996	27	22,50,000
271	Employee no. 95	138	July 3, 2023	Self	9-Dec-1994	29	22,50,000
272	Employee no. 96	139	July 3, 2023	Self	10-Jul-1992	31	22,50,000
273	Employee no. 97	3	October 1, 2009	Self	3-Nov-1969	54	22,50,000
274	Dependent no. 1			Wife	1-Jan-1969	55	
275	Dependent no. 2			Daughter	27-Sep-1995	28	
276	Dependent no. 3			Mother-in-law	1-Jan-1940	84	

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age competed in years (as on 01.04.2024)	Sum insured (in Rs.)
277	Employee no. 98	50	July 30, 2013	Self	15-Jul-1981	42	15,00,000
278	Dependent no. 1			Wife	19-Aug-1986	37	
279	Dependent no. 2			Son	9-Aug-2010	13	
280	Dependent no. 3			Daughter	7-Jan-2013	11	
281	Dependent no. 4			Mother	1-Jan-1963	61	



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 : 01/04/2023 To 31/03/2024

Policy No : H1186537

Signature Not Verified

Digitally signed by SUBRATA MONDAL
Date: 2023.04.13 11:42:33 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

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Date: 2023.04.13 11:42:33 IST

Reason: Valid Policy Copy

Location: IFFCO Tokio General Insurance Company Ltd, India

IFFCO TOKIO General Insurance Company Limited

Regd. Office L IFFCO SADAN, C1 Distt Centre, Saket, New Delhi-110017
 Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106

Issuing Office SBU 23
 IFFCO TOKIO GEN INSU. CO. LTD.
 Delhi Commercial FAI-Broker
 FAI House, 2nd Floor, 10,
 Shaheed Jit Singh Marg,
 NEW DELHI NEW DELHI
 110067
 INDIA
 GSTIN : 07AAACI7573H1ZE
 Accident and Health insurance
 services : 997133

Group Medishield Insurance Policy Schedule
CUM TAX INVOICE

INSURED	PENSION FUND REGULATORY AND DEVELOPMENT AUTHORITY.								
Address	B-14/A, CHHATRAPATI SHIVAJI			Unique Invoice No.	H1186537				
	BHAWAN, NEAR KARWARIA SARAI,				Policy No.	H1186537			
	TECHNOLOGY BHAWAN S.O					Date Of Issuance	05/04/2023		
	NDMC (PART)						Date Of Insurance from 00.00 hours on	01/04/2023	
	DELHI							To Mid Night On	31/03/2024
	INDIA								
PIN CODE	110016	STATE CODE	07						
Phone No	*****								
GSTIN	07AAALP0291L1ZU								
Agent No	23000002								

Member Details

Total Members Covered	233
Total Self Covered	78
Total Dependent Covered	155

Co-insurance Details

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

Premium Details

Net Premium	Gross Premium
1,713,402	2,021,814

GST Details

	CGST	SGST	UGST	IGST
Percentage (%)	9	9	0	0
Amount (Rs.)	154,206	154,206	0	0

TPA Details

1	Medi Assist India TPA Ltd
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Policy Conditions/Extensions/Endorsements

PENSION FUND REGULATORY AND DEVELOPMENT AUTHORITY.		
Coverage Name	PlanName	
Sum Insured Opted	BASE	Sum Insured List(INR) : 1500000, 2250000, 3000000, 3800000, 5000000
Family Composition List	BASE	Family Size : 9 Family Definition : Refer condition for Compete 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 his/her spouse.
Pre & Post Natal Expense	BASE	Not Covered
New Born Baby Cover	BASE	From Day 1 Within SI (subject to declaration as per Condition of Mid term inclusion and not exceeding maximum stipulated family size under the Policy even after inclusion of the new born child)
Room Rent Capping	BASE	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	Covered
Corporate Buffer	BASE	Equal to sum insured with over all policy limit is Rs.35 lac. Not applicable to maternity and capped ailments ,
Ambulance Charges	BASE	"Ambulance charges cover as Actual"
Limits for common ailments	BASE	Catract Surgery to be covered upto 10% of Sum assured, Refractive eyesight correction above +/- 5 diopter, Injections (Avastin, Lucentis, Etc) with a ceiling of Rs 1,00,000 ,
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 Dependant 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; failing which refund will be calculated from the date of submission of declaration to ITGI.
5	Intimation of claims As per the Standard ITGI GMC policy (Claim to be intimated within 7 days from date of hospitalization).
6	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.
7	Duplicate Member/Employee Restriction No Employee / Family member should be covered twice in the policy.
8	Member ID Card Type Physical & E health card
9	Mid term Change in SI Mid-term change in SI is allowed in case of promotion only.

Whether GST is Payable on Reverse Charge Basis- No

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

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

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

The issuance of this Insurance Policy is subject to satisfactory verification of KYC documentation of the Client/ Policyholder as per IRDAI Master Circular dated 1st August 2022 on AML/ CFT. In case, if any discrepancy is found in KYC Verification of the Client/ Policyholder, it is agreed by the Client/ Policyholder to complete/ rectify the discrepancy found in the KYC documents/information for the generation of CKYC Number, failing which the policy will be

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considered ineffective/suspended/ cancelled and no claim will be payable under this Insurance Policy.

- 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



Authorised Signatory

Subrata Mondal

Signature Not Verified

Digitally signed by SUBRATA MONDAL

Date: 2023.04.13 11:42:33 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**Industry Type** : Government Bodies**Expiring Policy Details:**

Policy Number	H0991542
Start Date	01/04/2022
End Date	31/03/2023

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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 Upcharya Griha Tatha Rujopchar Sanbabdu Sthapamaue (Ragistikaran Tatha Anugyapan) Adhiniyam, 1973.
5. The Manipur Homes and Clinics Registration Act, 1992.
6. The Nagaland Health Care Establishments Act, 1997.
7. The Orissa Clinical Establishments (Control and Regulation) Act, 1990.
8. The Punjab State Nursing Home Registration Act, 1991.
9. The West Bengal Clinical Establishments Act, 1950.

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

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

20. **Illness**

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

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

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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"> Room, Boarding Expenses as provided by the Hospital/Nursing Home. Nursing Expense. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline) whether paid directly to the treating doctor / surgeon or to the hospital. 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. AYUSH hospitalization expenses including pre-hospitalization and post hospitalization expenses upto the limit of the Sum Insured of the insured person per policy period. 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"> Pre-Existing Diseases(Code- Excl01) <ol style="list-style-type: none"> 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. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. 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. 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. First Thirty Days Waiting Period(Code- Excl03) <ol style="list-style-type: none"> 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. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently. 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. Specific Waiting Period: (Code- Excl02) <ol style="list-style-type: none"> 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. 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 Meaorrhagia or Fibromyoma
 - b. Hernia, Hydrocele, Congenital Internal Disease.
 - c. Fistula in anus, Piles, Sinusitis and related disorders.

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

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

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

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

- a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

- 12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12.
- 13. Treatment of external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury
- 14. Investigation & Evaluation(Code- Excl04)
 - a. Expenses related to any admission primarily for diagnostics and evaluation purposes.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

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

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

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

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

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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 hydros, 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 dioptres.

28. Unproven Treatments: Code- Excl16

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

Additional Benefits

1. MODERN TREATMENT METHODS AND ADVANCEMENT IN TECHNOLOGIES:

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

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

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

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

CLAIM PROCEDURE AND REQUIREMENTS

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

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

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

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

14. Electronic Transaction

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

15. Reasonable Precaution

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

16. Disclaimer Clause

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

17. Arbitration

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

18. MATERNITY EXPENSES BENEFIT (Wherever applicable)

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

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

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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 Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	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 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	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 - 2706196 / 2706468	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.

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

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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, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, 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.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

Insurance is the subject matter of solicitation

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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
59 Palatoplasty	Hernia /Gastro esophageal reflux Disease
Trauma surgery and orthopaedics	90 Endoscopic Gastrostomy
60 Incision on bone, septic and aseptic	91 Laparoscopic procedures e.g. colecystectomy, appendicectomy etc.
61 Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis	92 Endoscopic Drainage of Pseudopancreatic cyst
62 Suture and other Procedures on tendons and tendon sheath	93 Hernia Repair (Herniotomy / hernioraphy / hernioplasty)
63 Reduction of dislocation under GA	Procedures on the female sexual organs
64 Arthroscopic knee aspiration	94 Incision of the ovary
65 Aspiration of hematoma	95 Insufflation of the Fallopian tubes
66 Excision of dupuytren's contracture	96 Dilatation of the cervical canal
67 Carpal tunnel decompression	97 Conisation of the uterine cervix
68 Surgery for ligament tear	98 Incision of the uterus (hysterotomy)
69 Surgery for meniscus tear	99 Therapeutic curettage
70 Surgery for hemoarthrosis/ pyoarthrosis	100 Culdotomy
71 Removal of fracture pins/nails	101 Local excision and destruction of diseased tissue of vagina and Pouch of Douglas
72 Removal of metal wire	102 Procedures on Bartholin's glands (cyst)
73 Joint Aspiration - Daignostic / therapeutic	103 Endoscopic polypectomy
Procedures on the breast	104 Myomectomy , hysterscopic or laparoscopic biopsy or removal
74 Incision of the breast	Procedures on the prostate & seminal vesicles
75 Procedures on the nipple	105 Incision of the prostate
76 Excision of breast lump /Fibro adenoma	106 Transurethral excision and destruction of prostate tissue
Procedures on the digestive tract	107 Open surgical excision and destruction of prostate tissue
77 Incision and excision of tissue in the perianal region	
78 Surgical treatment of anal fistulas	
79 Surgical treatment of haemorrhoids	
80 Division of the anal sphincter (sphincterotomy)	
81 Ultrasound guided aspirations	
Procedures on the digestive tract	

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

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Annexure - A

List I – List of non-payable Items

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

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

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

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

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

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

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

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

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

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ANNEXURE – III

Summary of claims for the policy period 2021-22

Particulars	Unique claim Nos.	Amount (in Rs.)
Claims Reported	32	2114346
Claims Paid	30	1758136
Claims Outstanding	0	0

Summary of claims for the policy period 2022-23

Particulars	Unique claim Nos.	Amount (in Rs.)
Claims Reported	27	1876792
Claims Paid	21	1402704
Claims Outstanding	0	0

Summary of claims for the policy period 2023-24*

Particulars	Unique claim Nos.	Amount (in Rs.)
Claims Reported	37	4621044
Claims Paid	33	4104806
Claims Outstanding	03	80734

(*till 31.01.2024)

ANNEXURE – IV

Policy Period	Premium Paid (in Rs.)
2021-22	12,53,160
2022-23	18,28,999
2023-24	20,21,814

Insurer: **IFFCO TOKIO General Insurance Co. Ltd.**
 Policy Holder: **Pension Fund Regulatory and development Authority**
 Policy No: H1186537
 Policy period: 01-Apr-2023 To 31-Mar-2024

Report date: 01-Feb-2024

This Report Generated By *shilpa choudhary*
 On Thu Feb 01 16:35:36 IST 2024

Total Claims Experience Report

	Claims	Value (Rs.)	% Claims	% Value
Cashless Settled	24	3,935,326.00	64.86 %	94.02 %
Cashless Processed	1	78,221.00	2.7 %	1.87 %
Reimbursement Settled	9	169,480.00	24.32 %	4.05 %
Reimbursement Processed	1	2,513.00	2.7 %	0.06 %
Denials	2	0.00	5.41 %	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	37	4,185,540.00		
Cashless in Process*	0	0.00		
Reimbursement in Process*	0	0.00		
Grand Total (Rs.)	37	4,185,540.00		
First Time Premium (Rs.)^				1,713,402.00
Endo Premium (Rs.)^				0.00
Deletion Premium (Rs.)^				12,407.00
Total Premium (Rs.)^				1,700,995.00
Claims Ratio (%)				246.06 %
Claims Ratio (%) - On Earned Premium#				293.35 %
Value of Denied claims (Rs.):				122,283.00
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 as made available and updated in our system is shown above. This may vary from figures as per Insurer and have corresponding impact on the ICR and ICR on Earned Premium shown in the report.				

Morbidity Ratio

Descriptions	Values
No. of lives Insured	286
No. of Claims	35
No. of Claims made per 100 Lives Insured	12.24 %
No. of lives Inception	234
Addition	52
Deletion	11
CurrentLives	275

Ailments Profile

ICD Group	No. of Claims	Value (Rs.)	% of Claims	% of Value
CANCER	15.0	2,687,867.00	42.86 %	64.22 %
DISORDERS OF THE GASTROINTESTINAL SYSTEM	4.0	853,399.00	11.43 %	20.39 %
INFECTIOUS DISEASES (BACTERIAL / VIRAL / Others)	4.0	325,675.00	11.43 %	7.78 %
NEUROLOGICAL & CEREBROVASCULAR DISORDERS	3.0	107,068.00	8.57 %	2.56 %
NORMAL DELIVERY	1.0	100,000.00	2.86 %	2.39 %
CATARACT	1.0	29,000.00	2.86 %	0.69 %
CARDIAC DISORDERS	2.0	25,713.00	5.71 %	0.61 %
DISORDERS OF THE GENITOURINARY SYSTEM	2.0	25,131.00	5.71 %	0.6 %
ENDOCRINE DISORDERS	2.0	18,221.00	5.71 %	0.44 %
OTHER EYE DISORDERS	1.0	13,466.00	2.86 %	0.32 %
All Other Ailment Groups	0.0	0.00	0.0 %	0.0 %
Total	35.0	4,185,540.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Age

Age Band	No. of Claims	Value (Rs.)	% Claims	% Value
6-35	3	223,693.00	8.0 %	5.0 %
36-40	5	248,772.00	14.0 %	5.0 %
41-45	18	3,562,044.00	51.0 %	85.0 %
51-55	1	13,466.00	2.0 %	0.0 %
56-60	1	39,500.00	2.0 %	0.0 %
66-70	4	43,934.00	11.0 %	1.0 %
Above 70	3	54,131.00	8.0 %	1.0 %
Total	35	4,185,540.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Category of Beneficiaries Report

Beneficiary	No. of Claims	Value (Rs.)	% Claims	% Value
Self	25.0	3,901,891.00	71.43 %	93.22 %
Spouse	3.0	185,584.00	8.57 %	4.43 %
Parent	7.0	98,065.00	20.0 %	2.34 %
Total	35.0	4,185,540.00		

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	2	1,401,214.00	5.0 %	33.0 %
Rs. 10,000/- And less	4	21,362.00	11.0 %	0.0 %
Rs. 10,001/- to Rs. 25,000/-	8	129,864.00	22.0 %	3.0 %
Rs. 25,001/- to Rs. 50,000/-	3	107,194.00	8.0 %	2.0 %
Rs. 50,001/- to Rs. 1,00,000/-	10	817,309.00	28.0 %	19.0 %
Rs. 1,00,001/- to Rs. 1,50,000/-	3	355,283.00	8.0 %	8.0 %
Rs. 1,50,001/- to Rs. 2,00,000/-	1	162,482.00	2.0 %	3.0 %
Rs. 2,00,001/- to Rs. 2,50,000/-	1	206,254.00	2.0 %	4.0 %
Rs. 3,00,001/- to Rs. 5,00,000/-	3	984,578.00	8.0 %	23.0 %
Total	35	4,185,540.00		

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	3	743,177.00	50.0 %	19.05 %
2	1	123,693.00	16.67 %	3.17 %
3	1	163,188.00	16.67 %	4.18 %
17	1	2,871,833.00	16.67 %	73.6 %
Total	6	3,901,891.00		

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	2.0	129,000.00	40.0 %	45.48 %
2	2.0	110,715.00	40.0 %	39.03 %
4	1.0	43,934.00	20.0 %	15.49 %
Total	5.0	283,649.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Provider Profile Report

Hospital Name	No. of Claims	Value (Rs.)	% Claims	% Value
Max Super Speciality Hospital (East Wing) A Unit Of Devki Devi Foundation	17.0	2,871,833.00	48.57 %	68.61 %
Max Super Specialty Hospital (West Wing) Unit Of Max Healthcare	1.0	690,211.00	2.86 %	16.49 %
Sitaram Bhartia Institute Of Science And Research	5.0	286,881.00	14.29 %	6.85 %
Apollo Hospitals	1.0	100,000.00	2.86 %	2.39 %
Max Super Speciality Hospital, Vaishali (A Unit Of Crosslay Remedies Limited)	2.0	85,584.00	5.71 %	2.04 %
Malabar Institute Of Medical Sciences	4.0	43,934.00	11.43 %	1.05 %
Fortis Flt Lt Rajan Dhall Hospital	1.0	39,500.00	2.86 %	0.94 %

Insurer: **IFFCO TOKIO General Insurance Co. Ltd.**
 Policy Holder: **Pension Fund Regulatory and development Authority**
 Policy No: H1186537
 Policy period: 01-Apr-2023 To 31-Mar-2024

Report date: 01-Feb-2024

*This Report Generated By shilpa choudhary
On Thu Feb 01 16:35:36 IST 2024*

Aravind Eye Hospitals	1.0	29,000.00	2.86 %	0.69 %
A S Kidney Hospital And Stone Centre Pvt Ltd	2.0	25,131.00	5.71 %	0.6 %
Krishna Netralaya	1.0	13,466.00	2.86 %	0.32 %
Total	35.0	4,185,540.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Add-Del Endorsement Details

Endo No	Endo Date	Endo WEF	Remarks	Addition Premium [^]	Deletion Premium [^]
H1186537/1	14-Apr-2023	01-Apr-2023	Addition as per Ticket No #681373389264, Sum Insured slab of 38,00,000 will be read as 37,50,000	0.00	0
H1186537/12	16-Jan-2024	13-Dec-2023	6 Deleted As Per Tkt No 6436907	0	12,407.00
H1186537/11	18-Dec-2023	08-Dec-2023	Deletion as per FD Tkt No 5764655	0	0.00
Grand Total				0.00	12,407.00

[^] Premium as made available and updated in our system is shown above. This may vary from figures as per Insurer and have corresponding impact on the ICR and ICR on Earned Premium shown in the report.



Medi Assist Insurance TPA Pvt. Ltd Policy No: H1186537

Reimbursement & Cashless Details

Sheet No: 1

Period from: 01-Apr-2023 00:00:00 To: 01-Feb-2024 23:59:59

Insuranc DO	BO	Policy_N	Policy_H	Policy_T	PolDevel	PolDevel	Policy_SI	Policy_Er	MAID	Age	BenefAre	BenefAlp	BenefSex
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	42			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329290	51			M
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	42			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329290	87			M
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	42			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	69			M
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	42			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	42			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40435962	29			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	71			M
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	42			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	69			M
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	42			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	37			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	42			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	42			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	42			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	42			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	42			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	42			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	42			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	42			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	42			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	42			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	37			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	31			M
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	69			M
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	69			M
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	42			F
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	39			M
IFFCO TC SBU23	SBU23	H1186537	Pension F	Group Pol			01-Apr-20	31-Mar-20	40329291	42			F

Relation	Sum_Ins	Balance	Claim_Nr	Claim_Ty	Process	ClaimSta	CompRef	Claim_Rc	LastAudit	Date_of	Date_of	Claimed	Approver	Incurred
Self	3000000	128167	1.2E+08	Cashless	Process	Process	8075629	29-Jan-20	30-Jan-20	16-Jan-20	16-Jan-20	81507	78221	78221
Self	3000000	2986534	1.2E+08	Reimburse	Settled	Claim Paic		27-Oct-20	04-Jan-20	06-Sep-20	09-Sep-20	13466	13466	13466
Self	3000000	128167	1.1E+08	Cashless	Settled	Claim Paic 6474468		13-Jun-20	06-Jul-20	14-Jun-20	14-Jun-20	328532	326560	326560
Father	3000000	2974869	1.2E+08	Reimburse	Settled	Claim Paic		07-Aug-20	01-Oct-20	21-Jul-20	21-Jul-20	29482	22618	22618
Self	3000000	128167	1.2E+08	Cashless	Settled	Claim Paic MDD001_		07-Oct-20	23-Dec-20	06-Oct-20	10-Oct-20	190600	162482	162482
Father	2250000	2206066	1.2E+08	Post Hosp	Settled	Claim Paic		02-Nov-20	30-Nov-20	22-Sep-20	23-Sep-20	13021	7921	7921
Self	3000000	128167	1.2E+08	Cashless	Settled	Claim Paic 7096952		07-Sep-20	11-Oct-20	08-Sep-20	08-Sep-20	112336	91000	91000
Self	3000000	128167	1.2E+08	Cashless	Settled	Claim Paic 7782847		14-Dec-20	03-Jan-20	05-Dec-20	05-Dec-20	75975	74316	74316
Spouse	2250000	2150000	1.2E+08	Cashless	Settled	Claim Paic 6954025		20-Aug-20	18-Sep-20	21-Aug-20	24-Aug-20	149063	100000	100000
Father	3000000	2971000	1.1E+08	Cashless	Settled	Claim Paic 6336601		23-May-20	13-Jun-20	25-May-20	25-May-20	29000	29000	29000
Self	3000000	128167	1.2E+08	Cashless	Settled	Claim Paic 6770973		09-Aug-20	22-Aug-20	27-Jul-20	27-Jul-20	326870	324194	324194
Father	2250000	2206066	1.2E+08	Cashless	Settled	Claim Paic 7216075		22-Sep-20	06-Oct-20	22-Sep-20	23-Sep-20	12506	10300	10300
Self	3000000	128167	1.1E+08	Cashless	Settled	Claim Paic H_39041_		22-May-20	16-Jun-20	24-May-20	24-May-20	93319	90404	90404
Spouse	2250000	2164416	1.1E+08	Cashless	Settled	Claim Paic 20101201_		06-May-20	23-May-20	05-May-20	07-May-20	89039	78992	78992
Self	3000000	128167	1.2E+08	Cashless	Settled	Claim Paic H_39041_		14-Oct-20	26-Oct-20	29-Sep-20	29-Sep-20	112473	109021	109021
Self	3000000	128167	1.1E+08	Cashless	Settled	Claim Paic 6178744		19-May-20	06-Jun-20	03-May-20	03-May-20	92233	87657	87657
Self	3000000	128167	1.2E+08	Cashless	Settled	Claim Paic 7635740		06-Dec-20	15-Dec-20	14-Nov-20	14-Nov-20	76148	73690	73690
Self	3000000	128167	1.2E+08	Cashless	Settled	Claim Paic 6611946		17-Jul-20	25-Jul-20	06-Jul-20	06-Jul-20	41045	38694	38694
Self	3000000	128167	1.2E+08	Cashless	Settled	Claim Paic 7126007		31-Oct-20	14-Nov-20	11-Sep-20	15-Oct-20	358950	333824	333824
Self	3000000	2309789	1.2E+08	Cashless	Settled	Claim Paic		17-Nov-20	11-Dec-20	19-Nov-20	23-Nov-20	757010	690211	690211
Self	3000000	128167	1.2E+08	Cashless	Settled	Claim Paic		27-Nov-20	15-Dec-20	27-Nov-20	27-Nov-20	24112	21484	21484
Self	3000000	128167	1.1E+08	Post Hosp	Settled	Claim Paic		11-May-20	01-Aug-20	12-Apr-20	13-Apr-20	68189	68189	68189
Spouse	2250000	2164416	1.1E+08	Post Hosp	Settled	Claim Paic		02-Jun-20	13-Jun-20	05-May-20	07-May-20	6592	6592	6592
Self	2250000	2126307	1.2E+08	Post Hosp	Settled	Claim Paic		20-Oct-20	09-Nov-20	07-Oct-20	12-Oct-20	4336	4336	4336
Father	2250000	2206066	1.2E+08	Post Hosp	Settled	Claim Paic		02-Nov-20	30-Nov-20	05-Oct-20	06-Oct-20	10075	10075	10075
Father	2250000	2206066	1.2E+08	Cashless	Settled	Claim Paic 7322190		05-Oct-20	03-Nov-20	05-Oct-20	06-Oct-20	15750	15638	15638
Self	3000000	128167	1.2E+08	Cashless	Settled	Claim Paic 6937338		18-Aug-20	08-Sep-20	18-Aug-20	19-Aug-20	210928	206254	206254
Self	2250000	2086812	1.2E+08	Post Hosp	Settled	Claim Paic		14-Oct-20	28-Nov-20	24-Aug-20	25-Aug-20	15070	13865	13865
Self	3000000	128167	1.1E+08	Cashless	Settled	Claim Paic 6069762		11-Apr-20	16-Jun-20	12-Apr-20	13-Apr-20	718459	711003	711003

Ailment_	Illness	Ailment_	Procedur	Documen	HospId	Hospital_	City_	Nan	ServiceT:	Intimatic	Intimatic	Intimatic	Payment	Payment	Payment
C50.0	Malignant	CANCER	Immunoth		55275	Max Supe	New Delhi		0	0					
H21.89	Other spe	OTHER E	Other proc		257106	Krishna N	Gurgaon		0	0			40020020	2024-01-0	EFT
C50.0	Malignant	CANCER	Chemothe		55275	Max Supe	New Delhi		0	0					
N47.1	Phimosis	DISORDE	circumcisi	Kindly pro	173090	A S Kidne	New Delhi		0	0					
R50.9	Fever, uns	INFECTIO	Conservat	Kindly pro	55275	Max Supe	New Delhi		0	0			32480040	2023-09-0	EFT
E16.2	Hypoglyce	ENDOCRI	Conservat		227297	Malabar Ir	Kannur		0	1.3E+07	2023-09-2	By Hand	33530019	2023-12-1	CHQ/DD
C50.012	Malignant	CANCER	Immunoth		55275	Max Supe	New Delhi		0	1.3E+07	2023-09-0	By Hand	33320030	2023-11-2	EFT
C50.019	Malignant	CANCER	Chemothe	Kindly pro	55275	Max Supe	New Delhi		0	0			32790040	2023-10-0	CHQ/DD
O80.0	Single spc	NORMAL	Spontanec	OPD cons	57272	Apollo Ho	Noida		0	1.2E+07	2023-08-2	By Hand	33630028	2023-12-2	CHQ/DD
H25.012	Cortical aç	CATARAC	Phaco witt		50085	Aravind E	Madurai		0	0			32560054	2023-09-1	CHQ/DD
C50.012	Malignant	CANCER	Chemothe	Kindly pro	55275	Max Supe	New Delhi		0	1.2E+07	2023-07-2	By Hand	31580199	2023-06-0	CHQ/DD
E16.2	Hypoglyce	ENDOCRI	Conservat	Kindly pro	227297	Malabar Ir	Kannur		0	1.3E+07	2023-09-2	By Hand	32300017	2023-08-1	CHQ/DD
C50.019	Malignant	CANCER	Chemothe		55275	Max Supe	New Delhi		0	0			32770099	2023-10-0	CHQ/DD
G40.89	Other seiz	NEUROL	Conservat		88503	Max Supe	Ghaziabac		0	0			31650048	2023-06-1	CHQ/DD
C44.501	Unspecifie	CANCER	Conservat		55275	Max Supe	New Delhi		0	0			31390052	2023-05-1	CHQ/DD
C50.019	Malignant	CANCER	Chemothe		55275	Max Supe	New Delhi		0	0			32930041	2023-10-2	CHQ/DD
C50.0	Malignant	CANCER	Chemothe	Claim doc	55275	Max Supe	New Delhi		0	0			31510022	2023-05-3	CHQ/DD
C50.012	Malignant	CANCER	Chemothe		55275	Max Supe	New Delhi		0	0			33470077	2023-12-1	CHQ/DD
C50.0	Malignant	CANCER	Constructi	Kindly pro	55275	Max Supe	New Delhi		0	0			32020036	2023-07-2	CHQ/DD
K22.0	Achalasia	DISORDE	Conservat	Kindly pro	57397	Max Supe	New Delhi		0	1.4E+07	2023-11-1	By Hand	33130039	2023-11-0	CHQ/DD
G62.9	Polyneuro	NEUROL	Conservat		55275	Max Supe	New Delhi		0	0			33420020	2023-12-0	CHQ/DD
D05.00	Lobular ca	CANCER	Conservat	OPD cons	55275	Max Supe	New Delhi		0	9753111	2023-04-1	By Hand	33450038	2023-12-1	CHQ/DD
G40.89	Other seiz	NEUROL	Conservat		88503	Max Supe	Ghaziabac		0	1E+07	2023-05-0	By Hand	31770017	2023-06-2	EFT
A90.0	Dengue fe	INFECTIO	Conservat	Please prc	50989	Sitaram BI	New Delhi		0	1.3E+07	2023-10-0	By Hand	31600017	2023-06-0	EFT
I25.10	Atheroscle	CARDIAC	Conservat		227297	Malabar Ir	Kannur		0	1.3E+07	2023-09-2	By Hand	33070012	2023-11-0	CHQ/DD
I25.10	Atheroscle	CARDIAC	CAG-Corc		227297	Malabar Ir	Kannur		0	0			33320030	2023-11-2	EFT
C50.012	Malignant	CANCER	Chemothe		55275	Max Supe	New Delhi		0	1.2E+07	2023-08-1	By Hand	32890019	2023-10-1	CHQ/DD
K80.41	Calculus c	DISORDE	Conservat		50989	Sitaram BI	New Delhi		0	1.2E+07	2023-08-2	By Hand	32480033	2023-09-0	CHQ/DD
D05.00	Lobular ca	CANCER	Conservat		55275	Max Supe	New Delhi		0	0			33130020	2023-11-0	EFT
									0	0			31350041	2023-05-1	CHQ/DD

InsurerCl BenefIns ClaimSubStatus

20240115 H1186537
20231027 H1186537
20230614 H1186537
20230808 H1186537
20231008 H1186537
20230923 H1186537
20230907 H1186537
20231205 H1186537
20230821 H1186537
20230523 H1186537
20230727 H1186537
20230923 H1186537
20230522 H1186537
20230507 H1186537
20230928 H1186537
20230502 H1186537
20231114 H1186537
20230704 H1186537
20230921 H1186537
20231119 H1186537
20231127 H1186537
20230512 H1186537
20230507 H1186537
20231010 H1186537
20231005 H1186537
20231005 H1186537
20230818 H1186537
20230823 H1186537
20230512 H1186537



Medi Assist Insurance TPA Pvt. Ltd Policy No: H1186537

Reimbursement & Cashless Details

Sheet No: 1

Period from: 01-Apr-2023 00:00:00 To: 01-Feb-2024 23:59:59

IFFCO TC SBU23	SBU23	H1186537 Pension F Group Pol	01-Apr-20 31-Mar-20 40329291 39	M
IFFCO TC SBU23	SBU23	H1186537 Pension F Group Pol	01-Apr-20 31-Mar-20 40329291 39	M
IFFCO TC SBU23	SBU23	H1186537 Pension F Group Pol	01-Apr-20 31-Mar-20 40329291 31	M
IFFCO TC SBU23	SBU23	H1186537 Pension F Group Pol	01-Apr-20 31-Mar-20 40329290 58	M
IFFCO TC SBU23	SBU23	H1186537 Pension F Group Pol	01-Apr-20 31-Mar-20 40329291 42	F
IFFCO TC SBU23	SBU23	H1186537 Pension F Group Pol	01-Apr-20 31-Mar-20 40329291 42	F
IFFCO TC SBU23	SBU23	H1186537 Pension F Group Pol	01-Apr-20 31-Mar-20 40329290 51	M
IFFCO TC SBU23	SBU23	H1186537 Pension F Group Pol	01-Apr-20 31-Mar-20 40329290 87	M

Self	2250000	2086812	1.2E+08	Cashless	Settled	Claim Paic	15-Sep-20	25-Sep-20	24-Aug-20	25-Aug-20	159654	126905	126905
Self	2250000	2086812	1.2E+08	Post Hosp	Settled	Claim Paic	20-Sep-20	28-Dec-20	24-Aug-20	25-Aug-20	25164	22418	22418
Self	2250000	2126307	1.2E+08	Cashless	Settled	Claim Paic 7350251	23-Oct-20	02-Nov-20	07-Oct-20	12-Oct-20	130167	119357	119357
Self	3800000	3760500	1.2E+08	Cashless	Settled	Claim Paic	01-Nov-20	07-Nov-20	18-Oct-20	19-Oct-20	49149	39500	39500
Self	3000000	128167	1.2E+08	Cashless	Settled	Claim Paic 7934224	25-Dec-20	12-Jan-20	26-Dec-20	26-Dec-20	76028	74840	74840
Self	3000000	128167	1.2E+08	Cashless	Denied	Claim Rep 7463464	22-Oct-20	23-Oct-20	23-Oct-20	23-Oct-20	112283	0	0
Self	3000000	2986534	1.1E+08	Reimburs	Denied	Le Claim Rep	01-May-20	19-May-20	14-Apr-20	14-Apr-20	10000	0	0
Father	3000000	2974869	1.2E+08	Post Hosp	Processec	Payment u	11-Jan-20	17-Jan-20	21-Jul-20	21-Jul-20	2513	2513	2513

K80.41	Calculus c DISORDE Cholecysti Claim doc	50989 Sitaram BI New Delhi	0	0	32630078 2023-09-2 CHQ/DD
K80.41	Calculus c DISORDE Cholecysti	50989 Sitaram BI New Delhi	0	1.2E+07 2023-08-2 By Hand	33450052 2023-12-1 EFT
A90.0	Dengue fe INFECTIO Conservat Kindly pro	50989 Sitaram BI New Delhi	0	0	32990032 2023-10-2 CHQ/DD
R50.0	Fever Of I INFECTIO Conservat Kindly pro	57271 Fortis Flt L New Delhi	0	1.3E+07 2023-10-1 By Hand	33060021 2023-11-0 CHQ/DD
C50.119	Malignant CANCER Immunoth	55275 Max Supe New Delhi	0	0	40090034 2024-01-0 CHQ/DD
C50.0	Malignant CANCER Immunoth Kindly pro	55275 Max Supe New Delhi	0	0	
R69.0	Illness, un Others Conservat	257106 Krishna N Gurgaon	0	0	
N47.1	Phimosis DISORDE Conservat	173090 A S Kidne New Delhi	0	0	

20230823 H1186537
20230823 H1186537 Correct A/C detail up
20231010 H1186537
20231019 H1186537
20231225 H1186537
20231022 H1186537
20230501 H1186537
20230808 H1186537

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. 26,05,00,000/-** for 281 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: