



**KARNATAKA GRAMIN BANK**  
**HEAD OFFICE: BALLARI**  
**HUMAN RESOURCES WING**  
**STAFF SECTION**

**MEMO NO.: 89/2020-21**  
**INDEX NO : 40/2020-21**  
**DATE : 27.08.2020**

**SUB: GROUP HEALTH INSURANCE POLICY TO RETIREES/SPOUSE OF DECEASED  
RETIRED STAFF**

We are pleased to announce Group Health Insurance policy to retired employees (both Officers and Workmen) & spouse of the deceased retired employee/officer of our bank.

The details of Sum insured and premium to be paid for respective cadre are detailed as below.

(\* Amount in Rs)

Cadre	Sum Insured	Yearly premium	GST@18%	Total premium
Clerks/Sub Staff	300000.00	13446.00	2420.00	15866.00
Officers	400000.00	15436.00	2779.00	18215.00

**Other details:**

Family definition	<p>The coverage of health insurance in respect of Retired Employee is for both i.e Retired employee/Officer and Spouse. In the case of deceased retired employee, only spouse. Spouse includes spouse of employee who died in harness.</p> <p>Retired employee also include employee who have resigned by giving Unwillingness to continue in the amalgamated entity (However resigned / terminated staff are not included )</p>
Geographical Limits	Treatment taken in India Only.
Mid-term inclusion	<p>Mid-term inclusion in the policy is applicable in the case of the following categories:</p> <ol style="list-style-type: none"><li>1. Employee retiring during the currency of the policy provided he / she joins the Scheme within 30 days of the expiry of the existing policy issued to the serving officers / workmen and pays pro rata premium from the date of such joining till the expiry of the policy.</li><li>2. Spouse of employee who dies in harness provided the spouse joins the Scheme within 30 days of the expiry of the existing policy issued to the serving officers / workmen and pays pro rata premium from the date of such joining till the expiry of the policy.</li></ol>

Eligible Retiree/spouse of deceased retired employee who would like to join the scheme has to submit his/her willingness and authorization letter as per Annexure to the Memo in two sets to the branch where his/her pension is being credited. The said branch has to retain one set and forward the 2<sup>nd</sup> set to HR Wing, Pension cell Head Office Ballari along with an Authorization letter to debit Premium amount (Including GST) and other charges if any, so as to reach us on or before 14.09.2020. Willingness received after due date will not be considered.

We propose to collect Insurance premium before 01.10.2020. Hence retiree/spouse of deceased retired employee who submits willingness to join the scheme has to maintain balance in respective pension receiving Savings Bank account to the extent of amount of premium. In case of non-availability of required balance in Savings account, there will be no coverage of the insurance.

Please note that the bank is just a facilitator for the payment of the premium collected from the retiree/spouse of deceased retired employee. The submission of the claim under the policy has to be made directly by the retiree/spouse of deceased retired employee to the Third Party Administrator (TPA) and the responsibility of settling the claim lies with TPA.

Branches are advised to inform the contents of the circular to all the eligible retired/spouse of deceased retired employees and take steps to collect the authorization letter before the cutoff date. The branch copy of willingness and authorization letter shall be preserved in the pensioner's file and need to send a copy to HR Wing, Pension cell to HO Ballari immediately on receipt of the same.

Issue of Proposed Health Insurance policy will be taken forward if Minimum number of willingness to join the policy is 200 or more.

After finalizing number of retiree/spouse of deceased retired employee, we will communicate the accounting procedure to collect Premium (Including GST) in due course and contact details of TPA for claim processing.

**Note:** The staff members who are retiring during the calendar year of any year are covered under group medical insurance scheme of the Bank till the end of such year. Hence such willing retired employees can join the scheme within 30 days from the expiry of such policy.

**INSURANCE COMPANY/ THIRD PARTY ADMINISTRATOR (TPA):**

M/s. New India Assurance Co. Ltd., is the insurer for the purpose of this facility and they will be administering the policy and responsible for settlement of claims. For hassle free monitoring and claim settlement the insurance company will be administering the policy through a Third Party Administer (TPA) and for this policy, Insurance Company has designated M/s. Medi Assist India TPA Pvt Ltd. as the Third Party Administrator and they would settle the claims of the members. Contact details of TPA will be shared in due course.

**S J F RAVINDRANATH  
GENERAL MANAGER**

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**TO ALL BRANCHES / OFFICES**

**Letter of Willingness and Authorization**

Date:

Place:

To,  
The General Manager,  
Karnataka Gramin Bank,  
Head Office,  
Human Resource Wing,  
Ballari

Sir,

**Sub: Group Health Insurance Policy to Retired Employees/Officers  
& Spouse of the deceased employee - Reg**

I am happy to note that the Bank has initiated proposal of Group Health Insurance Policy for the retired employees and spouse of the deceased employee, with the following premium.

(\* Amount in Rs)

Cadre	Sum Insured	Yearly premium	GST@18%	Total premium
Clerks/Sub Staff	300000.00	13446.00	2420.00	15866.00
Officers	400000.00	15436.00	2779.00	18215.00

I have gone through the draft policy and the rules/ regulations of the scheme and I hereby submit my willingness to join the scheme. Further I am aware that the enrollment in the scheme is at my risk and responsibility.

I wish to get enrolled in the above scheme for a sum insured of  
Rs \_\_\_\_\_.

I hereby authorize you to debit the required premium and other charges if any, from my SB A/C

\_\_\_\_\_ maintained with \_\_\_\_\_ branch.

Thanking You,  
Yours Sincerely

(Name and signature of the Retired Employee/Officer/Spouse of the retired deceased staff)

Remarks by Branch Manager:

Date:

Place:

(Signature of the Branch Manager)

Copy to:

\_\_\_\_\_ Branch with a request to debit premium amount by debiting my above said account.

**Annexure to Memo. /2020**

**Draft Policy**

- 1 WHEREAS the insured designated in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule which shall be the basis of this Contract and is deemed to be incorporated herein has applied to NEW INDIA INSURANCE COMPANY LTD. (hereinafter called the COMPANY) for the insurance hereinafter set forth in respect of Retired Employees/Members (including their eligible family members) named in the Schedule hereto (hereinafter called the INSURED PERSON) and has paid premium as consideration for such insurance.

- 1.1 NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed hereon the company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal any Officer/Employee and Dependent shall contract any disease or suffer from any illness (hereinafter called DISEASE) or sustain any bodily injury through accident (hereinafter called INJURY) and if such disease or injury shall require any such insured Person, upon the advice of a duly qualified Physician/Medical Specialist/Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalization/domiciliary hospitalization/domiciliary treatment expenses for medical/surgical treatment at any Nursing Home/Hospital/Clinic (for domiciliary Treatment/ daycare center registered with local bodies in India as herein defined (hereinafter called HOSPITAL) or otherwise as specified as per the scheme, the Company will pay through TPA to the Hospital / Nursing Home or Insured the amount of such expenses as are reasonably and necessarily Incurred in respect thereof by or on behalf of such Insured Person but not exceeding the Sum Insured in aggregate in any one period of insurance stated in the schedule hereto.
- 1.2 In the event of any claim becoming admissible under this scheme, the company will pay through TPA to the Hospital / Nursing Home or insured person the amount of such expenses as would fall under different heads mentioned below and as are reasonably and medically necessary incurred thereof by or on behalf of such insured person but not exceeding the Sum Insured in aggregate mentioned in the schedule hereto.

- A) Room and Boarding expenses as provided by the Hospital/Nursing Home not exceeding Rs. 5000 per day or the actual amount whichever is less.
- B) Intensive Care Unit (ICU) expenses not exceeding Rs. 7500 per day or actual amount whichever is less.
- C) Surgeon, team of surgeons, Assistant surgeons, Anesthetist, Medical Practitioners, Consultants, Specialists Fees.
- D) Nursing Charges, Service Charges, IV Administration Charges, Nebulization Charges, RMO charges, Anesthetic, Blood, Oxygen, Operation Theatre Charges, surgical appliances, OT consumables, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, Defibrillator Ventilator, orthopedic implants, Cochlear Implant, any other implant, Intra-Ocular Lenses, , infra cardiac valve replacements, vascular stents, any other

valve replacement, laboratory/diagnostic tests, X-ray CT Scan, MRI, any other scan, scopes and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor,  
E) Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured.

1.3 Pre and Post Hospitalization expenses payable in respect of each hospitalization shall be the actual expenses incurred subject to 30 days prior to hospitalization and 90 days after discharge

## **2. DEFINITIONS:**

2.1 ACCIDENT: An accident is a sudden, unforeseen and involuntary event caused resulting in injury.

2.2 A) "ACUTE CONDITION" - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

B) "CHRONIC CONDITION" - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics -

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

## **2.3 ALTERNATIVE TREATMENTS:**

Alternative Treatments are forms of treatment other than treatment "Allopathy" or "modern medicine and includes Ayurveda, Unani, Siddha, Homeopathy and Naturopathy in the Indian Context, for Hospitalization only.

For Ayurvedic, Unani, Siddha, Homeopathy and Naturopathy treatment, hospitalization or domiciliary treatment expenses are admissible only when the treatment has been undergone in a Government Hospital or in any Institute recognized by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health.

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

## **2.4 ANY ONE ILLNESS:**

Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

## 2.5 CASHLESS FACILITY:

Cashless facility "means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the employee and the dependent family members of the insured in accordance with the policy terms and conditions, or directly made to the network provider by the insurer to the extent pre-authorization approved.

## 2.6 CONGENITAL ANOMALY:

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

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

## 2.7 CONDITION PRECEDENT:

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

## 2.8 CONTRIBUTION:

The Retired Employees/ Members will not share the cost of an indemnity claim on a ratable proportion from their personal Insurance Policies.

## 2.9 DAYCARE CENTRE:

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

- has qualified nursing staff under its employment
- has all qualified medical practitioner(s) in charge
- has a fully equipped operation theatre of its own where surgical procedures are carried out.
- maintains daily records of patients and will make these accessible to the insurance companies authorized personnel.

## 2.10 DAY CARE TREATMENT:

Day care Treatment refers to medical treatment and or surgical procedure which is:

- a. undertaken under general or local anesthesia in a hospital/day care Centre in less than a day because of technological advancement, and
- b. Which would have otherwise required a hospitalization of more than a day.

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

#### 2.11 DOMICILIARY HOSPITALIZATION:

Domiciliary Hospitalization 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.

#### 2.12 DOMICILIARY TREATMENT

Treatment taken for specified diseases which may or may not require hospitalization as mentioned in the Scheme under clause Number 3.1

#### 2.13 GRACE PERIOD

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

#### 2.14 HOSPITAL / NURSING HOME:

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

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

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

**This clause will however be relaxed in areas where it is difficult to find such hospitals and in the case of an emergency.**



#### 2.15 HOSPITALIZATION:

Hospitalization means admission in a Hospital/Nursing Home for a minimum period of 24 consecutive hours of inpatient care except for specified procedures/treatments, where such admission could be for a period of less than a day, as mentioned in clauses 2.9 and 2.10

#### 2.16 ID CARD:

ID Card means the Identity card issued to the insured person by the THIRD PARTY ADMINISTRATOR to avail cashless facility in network hospitals.

#### 2.17 ILLNESS:

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

#### 2.18 INJURY:

Injury means accidental physical bodily harm excluding illness or disease which is verified and certified by a medical practitioner. However all types of Hospitalization is covered under the Scheme.

#### 2.19 IN PATIENT CARE:

In Patient care means treatment for which the insured person has to stay in a hospital for more than a day for a covered event.

#### 2.20 INTENSIVE CARE UNIT:

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

#### 2.21 MEDICAL ADVICE:

Any consultation or advice from a medical practitioner/doctor including the issue of any prescription or repeat prescription.

#### 2.22 MEDICAL EXPENSES

Medical Expenses means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured.

### 2.23 MEDICALLY NECESSARY:

Medically necessary treatment is defined as any treatment, test, medication or stay in hospital or part of a stay in a 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 confirm to the professional standards widely accepted in international medical practice or by the medical community in India.

### 2.24 MEDICAL PRACTITIONER:

Medical Practitioner 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 the 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 his license. The term medical practitioner would include physician, specialist and surgeon.

(The Registered practitioner should not be the insured or close family members such as parents, in-laws, spouse and children.)

### 2.25 NETWORK PROVIDER:

Network Provider means hospitals or health care providers enlisted by an insurer or by a Third Party Administrator and insurer together to provide medical services to an insured on payment by a cashless facility.

The list of network hospitals is maintained by and available with the THIRD PARTY ADMINISTRATOR and the same is subject to amendment from time to time.

### 2.26 NON NETWORK :

Any hospital, Day care Centre or other provider that is not part of the network.

### 2.27 NOTIFICATION OF CLAIM

Notification of claim is the process of notifying a claim to the Bank insurer or Third Party Administrator as well as the address/telephone number to which it should be notified.

### 2.28 OPD TREATMENT:

OPD Treatment is one in which the insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of medical a practitioner. The insured is not admitted as a day care or in-patient.

**2.29 PRE-EXISTING DISEASE:**

Pre Existing Disease is any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, prior to the first policy issued by the insurer.

**2.30 PORTABILITY**

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

**2.31 PRE - HOSPITALISATION MEDICAL EXPENSES:**

Medical expenses incurred immediately 30 days before the insured person is hospitalized will be considered as part of a claim as mentioned under Item 1.3 above provided that;

- A. such medical expenses are incurred for the same condition for which the insured person,s hospitalization was required and
- B. the inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

**2.32 POST HOSPITALISATION MEDICAL EXPENSES:**

Relevant medical expenses incurred immediately 90 days after the Insured person is discharged from the hospital provided that;

- A. Such Medical expenses are incurred for the same condition for which the Insured person's Hospitalization was required; and
- B. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

**2.33 QUALIFIED NURSE:**

Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India and/or who is employed on recommendation of the attending medical practitioner.

**2.34 REASONABLE AND CUSTOMARY CHARGES:**

Reasonable 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.

**2.35 RENEWAL:**

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

**2.36 ROOM RENT:**

Room Rent shall mean the amount charged by the hospital for the occupancy of a bed on per day basis

**2.37SUBROGATION:**

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source. It shall exclude the medical/ accident policies obtained by the insured person separately.

**2.38SURGERY:**

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

**2.39 THIRD PARTY ADMINISTRATOR:**

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

**2.40UNPROVEN/EXPERIMENTAL TREATMENT:**

Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is not based on established medical practice in India.

**3. COVERAGES:**

**3.1 Domiciliary Hospitalization** means medical treatment for a period exceeding three days for such an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

A)The condition of the patient is such that he/she is not in a condition to be removed to a hospital

**Or**

B)The patient takes treatment at home on account of non-availability of room in a hospital.

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

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

3.3 Expenses on Hospitalization for minimum period of a day are admissible. However, this time limit is not applied to specific treatments, such as:

1	Adenoidectomy	20	Haemo dialysis
2	Appendectomy	21	Fissurectomy / Fistulectomy
3	Ascitic / Plueral tapping	22	Mastoidectomy
4	Auroplasty not Cosmetic in nature	23	Hydrocele
5	Coronary angiography /Renal	24	Hysterectomy
6	Coronary angioplasty	25	Inguinal/ ventral/ umbilical/ femoral hernia
7	Dental surgery	26	Parenteral chemotherapy
8	D&C	27	Polypectomy
9	Excision of cyst/ granuloma/lump/tumor	28	Septoplasty
10	Eye surgery	29	Piles/fistula
11	Fracture including hairline fracture/dislocation	30	Prostate surgeries
12	Radiotherapy	31	Sinusitis surgeries
13	Chemotherapy including parental Chemotherapy	32	Tonsillectomy
14	Lithotripsy	33	Liver aspiration
15	Incision and drainage of abscess	34	Sclerotherapy
16	Varicocelectomy	35	Varicose Vein Ligation
17	Wound suturing	36	All scopies along with biopsies
18	FESS	37	Lumbar puncture
19	Operations/Micro surgical operations on the nose, middle ear/internal ear, tongue, mouth, face, tonsils & adenoids, salivary glands & salivary ducts, breast, skin & subcutaneous tissues, digestive tract, female/male sexual organs.		

This condition will also not apply in case of stay in hospital of less than a day provided -

- A) The treatment is undertaken under General or Local Anesthesia in a hospital / day care Centre in less than a day because of technological advancement and
- B) Which would have otherwise required hospitalization of more than a day.

#### 3.4 ALTERNATIVE THERAPY

Reimbursement of Expenses due to hospitalization under the recognized system of medicines , viz Unani, Sidha, Homeopathy, Naturopathy, if such treatment is taken in a clinic /hospital registered, by the central/ state government .

### 3.5 AMBULANCE CHARGES

Ambulance charges are payable up to Rs 2500/- per trip to hospital and / or transfer to another hospital or transfer from hospital to home if medically advised. Taxi and Auto expenses in actual maximum up to Rs750/- per Hospitalisation.

Ambulance charges actually incurred on transfer from one center to another center due to Non availability of medical services/ medical complication shall be payable in full.

### 3.6 PRE-EXISTING DISEASES / AILMENTS

Pre-existing diseases are covered under the scheme.

### 3.7 CONGENITAL ANOMALIES

Expenses for Treatment of Congenital Internal / External diseases, defects anomalies are covered under the policy

### 3.8 PSYCHIATRIC DISEASES

Expenses for treatment of psychiatric and psychosomatic diseases be payable with or without hospitalization.

### 3.9 ADVANCED MEDICAL TREATMENT

All new kinds of approved advanced medical procedures for e.g laser surgery, stem cell therapy for treatment of a disease is payable on hospitalization /day care surgery.

### 3.10 Treatment taken for Accidents can be payable even on OPD basis in Hospital up to sum Insured

### 3.11 TAXES AND OTHER CHARGES

All Taxes , Surcharges , Service Charges , Registration charges , Admission Charges, Nursing , and Administration charges to be payable.

Charges for diapers and sanitary pads are payable if necessary as part of the treatment. Charges for Hiring a nurse / attendant during hospitalization will be payable only in case of recommendation from the treating doctor in case ICU / CCU, Neo natal nursing care or any other case where the patient is critical and requiring special care.

### 3.12 Treatment for Genetic Disorder and stem cell therapy is covered under the scheme.

### 3.13 Treatment for Age related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum magnetic Resonance (RFQMR), Enhanced External Counter pulsation (EECP), etc. are covered under the scheme. Treatment for all neurological/ macular degenerative disorders shall be covered under the scheme.

3.14 Rental Charges for External and or durable Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, B| -PAP, Infusion pump etc. will be covered under the scheme. However purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall be covered.

3.15 Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer (including Glucose Test Strips)/ Nebulizer/ prosthetic devise/ Thermometer, alpha / water bed and similar related items etc., will be covered under the scheme.

3.16 PHYSIOTHERAPY CHARGES: Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home.

All claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule and Corporate Buffer if allocated.

#### **4. EXCLUSIONS:**

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

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

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

B) Vaccination or inoculation.

C) Change of life or cosmetic or aesthetic treatment of any description is not covered.

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

4.3 Cost of spectacles and contact lenses, hearing aids. Other than Intra-Ocular Lenses and Cochlear Implant.

4.4 Dental treatment or surgery of any kind which are done In a dental clinic and those that are cosmetic in nature.

4.5 Convalescence, rest cure, Obesity treatment and its complications including morbid obesity, treatment relating disorders, Venereal disease, intentional self-injury and use of intoxication drugs / alcohol.

4.6 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-cell Lymphotropic virus Type III (HTL8 - III) or lymphadinopathy Associated virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.

- 4.7 Charges incurred at Hospital or Nursing Home primarily for diagnosis x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home, unless recommended by the attending doctor.
- 4.8 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.
- 4.9 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.
- 4.10 All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, /barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses, unless and otherwise they are necessitated during the course of treatment.
- 4.11 Attempted suicide, war, invasion, nuclear radiation are not covered.

## **5. CONDITIONS:**

- 5.1 **CONTRACT:** the proposal form, declaration, and the policy issued shall constitute the complete contract of insurance.
- 5.2 Every notice or communication regarding hospitalization or claim to be given or made under this Policy shall be communicated to the office of the Bank, dealing with Medical Claims, and/or the THTRD PARTY ADMINISTRATOR office as shown in the Schedule. Other matters relating to the policy may be communicated to the policy issuing office.
- 5.3 The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the company.
- 5.4 **Notice of Communication:** Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the Bank or Regional Office or THIRD PARTY ADMINISTRATOR named in the schedule at the earliest in case of emergency hospitalization within 7 days from the time of Hospitalization/Domiciliary Hospitalization .



5.5 All supporting documents relating to the claim must be filed with the office of the Bank dealing with the claims or THIRD PARTY ADMINISTRATOR within 30 days from the date of discharge from the hospital. In case of post-hospitalization, treatment (limited to 90 days), (as mentioned in para 2.32) all claim documents should be submitted within 30 days after completion of such treatment.

**Note:** Waiver of these Conditions 5.4 and 5.5 may be considered in extreme cases of hardship where it is proved to the satisfaction of the Bank that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or deliberate or file claim within the prescribed time-limit. The same would be waived by the TPA without reference to the Insurance Company.

5.6 The Insured Person shall obtain and furnish to the office of the Bank dealing with the claims / THIRD PARTY ADMINISTRATOR with all original bills, receipts and other documents upon which a claim is based and shall also give such additional information and assistance as the Bank through the THIRD PARTY ADMINISTRATOR/Company may require in dealing with the claim.

5.7 Any medical practitioner authorized by the Bank / Third Party Administrator / shall be allowed to examine the Insured Person in case of any alleged injury or disease leading to Hospitalization, if so required.

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

#### 5.9 DISCLOSURE TO INFORMATION NORM

5.10 The claim shall be rejected in the event of misrepresentation, mis-description or non-disclosure of any material fact.

5.11 Claims will be managed through the same Office of the Bank from where it is managed at present. The Insurance Companies third party administrator will be setting up a help desk at that office and supporting the bank in clearing all the claims on real time basis.

5.12 In case of rejection of claims it would go through a Committee set up of the Bank, Third Party Administrator , Broker firm (K.M. Dastur Reinsurance Brokers Pvt. Ltd.) and New India Insurance Co Ltd, unless rejected by the committee in real time the claim should not be rejected.

5.13 The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of the

Policy or of the subsequent renewal thereof. The company shall not be bound to give notice that such renewal premium is due, provided however that if the insured shall apply for renewal and remit the requisite premium before the expiry of this policy, renewal shall not normally be refused, unless the Company has reasonable justification to do so.

**5.14 CANCELLATION CLAUSE:**

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

<u>PERIOD ON RISK</u>	<u>RATE OF PREMIUM TO BE CHARGED</u>
Upto one month	$\frac{1}{4}^{\text{th}}$ of the annual rate
Upto three months	$\frac{1}{2}^{\text{th}}$ of the annual rate
Upto six months	$\frac{3}{4}^{\text{th}}$ of the annual rate
Exceeding six months	Full annual rate

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

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

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

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

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

**6. IRDA REGULATIONS:**

This Policy is subject to IRDA (Health Insurance) Regulations 2013 and IRDA Protection Policyholders' Interest) Regulations 2002 as amended from time to time.

**7. GRIEVANCE REDRESSAL:**

In the event of the policyholder having any grievance relating to the insurance, the insured person may submit in writing to the Policy Issuing Office or Grievance cell at Regional Office of the Company for redressal. If the grievance remains unaddressed, the Insured person may contact the Customer Care Department, Head Office.

**8. IMPORTANT NOTICE**

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

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