



**UNITED INDIA INSURANCE COMPANY LIMITED**  
1ST FLOOR, D. NO.1-17-2/1, GEETHA MANDIR OPPOSITE ROAD, NEAR R.T.C. COMPLEX,  
TADEPALLIGUDEM  
GODAVARI - WEST - 534101 ANDHRA PRADESH  
PH: (08818) 223597 FAX: EMAIL:

UNI GROUP HEALTH INSURANCE POLICY  
UIN NO. UIIHLGP20043V011920  
POLICY NO.: 1514002822P112982514

**PERIOD OF INSURANCE**  
FROM 00:00 Hrs on 01/03/2023  
To Midnight on 29/02/2024

*Insured*  
**M/S VISHNU DENTAL COLLEGE**  
VISHNUPUR, BHIMAVARAM  
GODAVARI - WEST  
ANDHRA PRADESH  
534202

**IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.**

Agent Name : CH VENKATA RAMA KRISHNA RAO  
Agent Code : AGDM002802  
Mobile/Landline Number/Email : 9440934777  
 : ramakrishnaraochv@gmail.com

The genuineness of the policy can be verified through "Verify Your Policy" link at [www.uicc.co.in](http://www.uicc.co.in).

For any Information, Service Requests and Grievances please write to [151400@uicc.co.in](mailto:151400@uicc.co.in)

For ID Cards & Claim Intimations Please contact the TPA mentioned in the Policy document.

Download Customer App ([www.uicc.co.in](http://www.uicc.co.in)) : REGD. & HEAD OFFICE, 24, WHITES ROAD, CHERMAI - 600014.  
Website: <http://www.uicc.co.in>

Printed By : SRI148241 @ 10/03/2023 11:06:50 AM

Actual Expenses Incurred

POLICY NO.:1514002822P112982514  
UTN NO. UIIHLGP20042V011920



**UNI GROUP HEALTH INSURANCE POLICY SCHEDULE**

<b>Policy No.</b>	<b>1514002822P112982514</b>	<b>Previous Policy No.</b>	
<b>Name/ID</b>	<b>M/s VISHNU DENTAL COLLEGE/23028945556</b>	<b>Tel. (O)</b>	<b>Fax</b>
<b>Tel. (R)</b>		<b>Business/Occupation</b>	<b>None</b>
<b>Period of Insurance</b>	<b>From 00:00</b>	<b>Hours of</b>	<b>01/03/2023 To Midnight of 29/02/2024</b>

**Coinsurance** : UIIC 151400 : 100%

**Risk Coverage Details:-**

No. of Employees/Members covered	55
No. of Dependents Covered	109
Total No. of Persons covered	164
Sum Insured Slab(s) (₹)	200000
Total Sum Insured (₹)	11,000,000.00
Total Sum Insured (in words)	One crore ten lakhs rupees only
Cover type basis	Family Floater Basis
Family Definition	Self,Employee/Member's legal spouse,Children

**Base Covers:-**

- In-patient Hospitalisation Expenses Cover**  
Room, Boarding and Nursing expenses(per day limit)- 1% of Sum Insured or Actual Expenses Incurred, whichever is less  
ICU/ICCU/HCU(per day limit)- 2 % of Sum Insured or Actual Expenses Incurred, whichever is less  
Proportionate Clause-Applicable  
Mental Illness Cover Limit for Named Illnesses- Not Opted
- Day Care Treatment Cover**  
Actual Expenses Incurred
- Pre-hospitalisation Medical Expenses Cover**  
Actual Expenses Incurred  
Number of days-30
- Post-hospitalisation Medical Expenses Cover**  
Actual Expenses Incurred  
Number of days-60
- Road Ambulance Cover**  
Actual Expenses Incurred
- Domiciliary Hospitalisation Cover**  
Actual Expenses Incurred
- Donor Expenses Cover**

Total:	337,425.00
Receipt Number:	10115140022113055923
Receipt Date:	10/03/2023
Development Officer Code/ Agent Code:	AGD00002802
CH VENKATA RAMA KRISHNA RAO	

This Schedule and the attached policy shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear.

Customer GST/UIN No.:	997133	Office GST No.:	37AAACU5552C1Z1
SAC Code:		Invoice No. & Date:	28221112982514 & 10/03/2023
Amount Subject to Reverse Charges-NIL			

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.

**Anti Money Laundering Clause:-** In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all operating offices as well as Company's web site.

**LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>.**

Date of Proposal and Declaration: 01/03/2023  
 In Witness Whereof, this policy has been signed at Bangalore on this 03rd day of March 2023  
**For and On behalf of**  
**United India Insurance Co. Ltd.**



Stamp Duty: 1.00

Note:- Blank spaces in the policy schedule if present in the company left blank.

POLICY NO.: 1514002822F12982514  
 UIN NO. UITHLGP20043V011920

Sl. No.	Other Special Conditions
1	Room, Boarding and Nursing expenses as provided by the Hospital/Nursing Home not exceeding 1% of the sum insured per day or the actual amount whichever is less. This also include nursing care, RMO charges, IV fluids/Blood transfusion/injection administration charges and similar expenses.
2	Intensive Care Unit (ICU) expenses not exceeding 2% of the sum insured per day or actual amount whichever is less.
3	Proportionate Clause: In case of admission to a room at rates exceeding the limits mentioned in the policy schedule/certificate of insurance, the reimbursement/payment of all associated medical expenses incurred at the hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent. Proportionate deductions shall be applied in respect of those hospitals where differential billing is not followed or for those expenses where differential billing is not adopted based on the room category.
4	Cabract : Hospitalisation benefit I.e., limit per hospitalisation/surgery restricted to Actual expenses incurred or 25% of the Sum Insured whichever is less.
5	Hernia : Hospitalisation benefit I.e., limit per hospitalisation/surgery restricted to Actual expenses incurred or 25% of the Sum Insured whichever is less.
6	Hysterectomy: Hospitalisation benefit I.e., limit per hospitalisation/surgery restricted to Actual expenses incurred or 25% of the Sum Insured whichever is less.
7	Major Surgeries includes Cardiac Surgeries, Brain Tumor Surgeries, Pacemaker, Implantation for sick sinus syndrome, Cancer Surgeries, Hip, Knee, Joint Replacement Surgery, Organ Transplant. Hospitalisation benefit I.e., limit per hospitalisation/surgery restricted to Actual expenses incurred or 70% of the sum insured whichever is less.
8	Pre Hospitalisation (30 days) and Post Hospitalisation (60 days) expenses payable in respect of each hospitalisation shall be the actual expenses incurred subject to a maximum of 10% of the sum insured.
9	Persons aged more than 60 years : Expense on major illness charged as a total package - To be settled with a co-pay on 80:20 basis. The co-pay of 20% will be applicable on the admissible claim amount.
10	Pre-existing Disease waiting period Waived
11	Initial Waiting Period for Hospitalisation (30 days) - Waived
12	Specific waiting Period First/Second/Fourth Year waiting period waived.
13	Sum Insured per family (on Floater basis) Rs. 200000/- (Two Lakhs only) Family means Employee, Spouse, Two dependent Children.
14	Day Care Treatment cover : Covered as per Policy
15	Donor Expenses Cover : Covered as per Policy
16	Comorbidity Hospitalisation cover : Covered as per Policy
17	Inpatient Hospitalisation Expenses cover : Covered as per Policy.
18	Previous Policy No.1514002821P112447295

**Insured Details**  
 As Per Annexure Attached.

**Waiting Periods:**  
 Pre-Existing Disease Waiting Period : Waived  
 Initial Waiting Period for Hospitalization : Waived.  
 Specific Illness Waiting Period : Waived.

**Other conditions:**

- All Other Terms & Conditions Subject to printed Policy (Uni Group Health Insurance Policy) Clauses attached.
- Addition / Deletion of Employees & Dependents: Insured will be allowed a window period of 30 days from the policy inception date to review the employee list covered under the policy. All Addition / deletion / Connection of the persons to be done subject to additional premium, if there is a change in the group size.
- We agree for providing cover for additions from the date of joining of the new employee by charging prorata premium from the date of joining till the expiry of the policy, subject to maintenance of free and adequate balance under Cash Deposit maintained by the Insured with us or the coverage will be effective from the date of payment of premium.

Premium:	285,953.00
CGST(9%):	25,736.00
SGST(9%):	25,736.00
Stamp Duty:	1.00





UIC230289455561101	110	DR CHELI SPANDANA	Self	Female	34	01-Mar-2023	200,000.00
UIC230289455561111	111	DR VIVEK BYPALLI	Self	Male	34	01-Mar-2023	200,000.00
UIC230289455561121	112	DR KUKUTLA SAI ANILYA	Self	Female	29	01-Mar-2023	200,000.00
UIC230289455561131	113	DR ANIL KUMAR PULIDINDI	Self	Male	34	01-Mar-2023	200,000.00
UIC230289455561132	113	SAHITHI ERIKIPATI	Spouse	Female	36	01-Mar-2023	0.00
UIC230289455561141	114	DR. P. ARJUN BHUPATHI	Self	Male	39	01-Mar-2023	200,000.00
UIC230289455561142	114	DR. PEYUSHIA VARMA DANULURI	Spouse	Female	33	01-Mar-2023	0.00
UIC230289455561143	114	AISHANI VARMA V	Daughter	Female	6	01-Mar-2023	0.00
UIC230289455561144	114	AMRITA VARSHINI V	Daughter	Female	3	01-Mar-2023	0.00
UIC230289455561151	115	DR. GADDE PRAVEEN	Self	Male	38	01-Mar-2023	200,000.00
UIC230289455561152	115	PASHAM SREELEKHA	Spouse	Female	31	01-Mar-2023	0.00
UIC230289455561153	115	GADDE DEVAGNYA	Daughter	Female	3	01-Mar-2023	0.00
UIC230289455561161	116	DR. B. AMANDA BABU	Self	Male	36	01-Mar-2023	200,000.00
UIC230289455561162	116	DR. PRIYADARSHINI	Spouse	Female	31	01-Mar-2023	0.00
UIC230289455561171	117	RUDRARAJU VENKATESWARA RAJU	Self	Male	56	01-Mar-2023	200,000.00
UIC230289455561172	117	RUDRARAJU VENKATA LAKSHMI	Spouse	Female	51	01-Mar-2023	0.00
UIC230289455561173	117	RUDRARAJU SRIRAMA CHAITANYA VARMA	Son	Male	26	01-Mar-2023	0.00
UIC230289455561181	118	MR. AMARNATH P	Self	Male	36	01-Mar-2023	200,000.00
UIC230289455561182	118	ARUNA	Spouse	Female	29	01-Mar-2023	0.00
UIC230289455561183	118	AASHRITH DANIAL	Son	Male	6	01-Mar-2023	0.00
UIC230289455561184	118	CHARISHIMADAN	Son	Male	4	01-Mar-2023	0.00
UIC230289455561191	119	DR. BADHAKRISHNA LAGISHETTY	Self	Male	36	01-Mar-2023	200,000.00
UIC230289455561192	119	L. SAI SHISHIRA	Spouse	Female	28	01-Mar-2023	0.00
UIC230289455561193	119	L. REVANSH KARTHIKEYA	Son	Male	4	01-Mar-2023	0.00
UIC230289455561194	119	L. RISHITH SAI KRISHNA	Son	Male	1	01-Mar-2023	0.00
UIC230289455561201	120	DR. PARNDIT VINODH BANDELA	Self	Male	38	01-Mar-2023	200,000.00
UIC230289455561202	120	PULUGU LALITHA KUMARI	Spouse	Female	36	01-Mar-2023	0.00
UIC230289455561203	120	EVAN REIDY	Son	Male	8	01-Mar-2023	0.00
UIC230289455561204	120	BEJAY	Son	Male	6	01-Mar-2023	0.00
UIC230289455561211	121	SREKURBAN ANIL BABU	Self	Male	33	01-Mar-2023	200,000.00
UIC230289455561212	121	T. GEETHA NAMDINI	Spouse	Female	28	01-Mar-2023	0.00

UIC230289455561213	121	KRUTHANYA SRI PRIYA	Daughter	Female	4	01-Mar-2023	0.00
UIC230289455561214	121	SAARVI SRI AADHYA	Daughter	Female	2	01-Mar-2023	0.00
UIC230289455561221	122	DR K BALA MURALI KRISHNA	Self	Male	39	01-Mar-2023	200,000.00
UIC230289455561222	122	K. ARITHA	Spouse	Female	36	01-Mar-2023	0.00
UIC230289455561223	122	K. NAGA SATYA ANANDI	Daughter	Female	12	01-Mar-2023	0.00
UIC230289455561224	122	K SURYA SAI SAMPATH KARTHIKEYA	Son	Male	6	01-Mar-2023	0.00
UIC230289455561231	123	DR. MATHALA VENKATA LAKSHMI	Self	Female	33	01-Mar-2023	200,000.00
UIC230289455561232	123	GONGADA SATISH	Spouse	Male	34	01-Mar-2023	0.00
UIC230289455561233	123	GONGADA HARVITHA	Daughter	Female	6	01-Mar-2023	0.00
UIC230289455561234	123	GONGADA RISHVITHA	Daughter	Female	2	01-Mar-2023	0.00
UIC230289455561241	124	MR. MADHULA BALARAMA SURYA SUSUNAKAR	Self	Female	38	01-Mar-2023	200,000.00
UIC230289455561242	124	MADHULA NAGAVALLI	Spouse	Male	29	01-Mar-2023	0.00
UIC230289455561243	124	MADHULA JAYASREE	Daughter	Female	7	01-Mar-2023	0.00
UIC230289455561251	125	MR. V. VENU	Self	Male	42	01-Mar-2023	200,000.00
UIC230289455561252	125	ROHINI	Spouse	Female	38	01-Mar-2023	0.00
UIC230289455561253	125	V. JAYA AMKITA	Daughter	Female	10	01-Mar-2023	0.00
UIC230289455561261	126	MR. K. MURALI	Self	Male	48	01-Mar-2023	200,000.00
UIC230289455561262	126	PAVANI	Spouse	Female	39	01-Mar-2023	0.00
UIC230289455561263	126	KARTHEEK NARAYANA VARMA	Son	Male	8	01-Mar-2023	0.00
UIC230289455561271	127	MR. T. NAGA PRASAD	Self	Male	43	01-Mar-2023	200,000.00
UIC230289455561272	127	CHITRA GOVRI LALITHAMBA	Spouse	Female	39	01-Mar-2023	0.00
UIC230289455561273	127	NAGA VINAY KUMAR	Son	Male	19	01-Mar-2023	0.00
UIC230289455561274	127	NAGA SURESH	Son	Male	17	01-Mar-2023	0.00
UIC230289455561281	128	MR. K. N. V. PRASAD VARMA	Self	Male	46	01-Mar-2023	200,000.00
UIC230289455561282	128	REKHA	Spouse	Female	35	01-Mar-2023	0.00
UIC230289455561283	128	DEEPAK VARMA	Son	Male	19	01-Mar-2023	0.00
UIC230289455561291	129	MR. K. P. R. SRINIVAS	Self	Male	56	01-Mar-2023	200,000.00
UIC230289455561292	129	HYMAVATHI	Spouse	Female	51	01-Mar-2023	0.00
UIC230289455561301	130	MR. K. N. URESH VARMA	Self	Male	51	01-Mar-2023	200,000.00
UIC230289455561302	130	PADMA KRISHNAVENI	Spouse	Female	43	01-Mar-2023	0.00
UIC230289455561302	130	RAJA NEELADRI	Spouse	Female	43	01-Mar-2023	0.00



UIIC230289455561401	140	1	P. AMANDA RAGHAVA RAJU	Self	Male	48	01-Mar-2023	200,000.00
UIIC230289455561402	140	2	P. RAHA DEVI	Spouse	Female	36	01-Mar-2023	0.00
UIIC230289455561403	140	3	P. JAHNAVEE MADHULIKA	Daughter	Female	16	01-Mar-2023	0.00
UIIC230289455561411	141	1	ASINIPARTHI BALA	Self	Female	50	01-Mar-2023	200,000.00
UIIC230289455561412	141	2	ASINIPARTHI SUVARNA RAJU	Spouse	Male	52	01-Mar-2023	0.00
UIIC230289455561413	141	3	ASINIPARTHI VIDAYA SREE	Daughter	Female	27	01-Mar-2023	0.00
UIIC230289455561414	141	4	ASINIPARTHI HARINI	Daughter	Female	26	01-Mar-2023	0.00
UIIC230289455561421	142	1	KOTIKALAPUDI MANIKYAM	Self	Female	49	01-Mar-2023	200,000.00
UIIC230289455561422	142	2	KOTIKALAPUDI NARASIMHA MURTHY	Spouse	Male	55	01-Mar-2023	0.00
UIIC230289455561423	142	3	KOTIKALAPUDI MADHU VALLI	Daughter	Female	24	01-Mar-2023	0.00
UIIC230289455561424	142	4	KOTIKALAPUDI MADHU VAMSI	Son	Male	16	01-Mar-2023	0.00
UIIC230289455561431	143	1	GOGULAMANDA MARYAMMA	Self	Female	47	01-Mar-2023	200,000.00
UIIC230289455561432	143	2	VIPPARTI DAVEEDU	Spouse	Male	47	01-Mar-2023	0.00
UIIC230289455561433	143	3	VIPPARTI VIDAYA BABU	Son	Male	25	01-Mar-2023	0.00
UIIC230289455561441	144	1	A. KANAKA DURGA	Self	Female	40	01-Mar-2023	200,000.00
UIIC230289455561442	144	2	A. PADMANABHAM	Spouse	Male	51	01-Mar-2023	0.00
UIIC230289455561443	144	3	A. LAKSHMI SURYA SAI LIKITHA	Daughter	Female	18	01-Mar-2023	0.00
UIIC230289455561451	145	1	KUNAPARAJU BHIMARAJU	Self	Male	34	01-Mar-2023	200,000.00
UIIC230289455561461	146	1	K. YEDUKONDALU	Self	Male	37	01-Mar-2023	200,000.00
UIIC230289455561462	146	2	K. SATYAVATHI	Spouse	Female	28	01-Mar-2023	0.00
UIIC230289455561463	146	3	K. LASYA SRI	Daughter	Female	10	01-Mar-2023	0.00
UIIC230289455561464	146	4	K. NITYA SRI	Daughter	Female	8	01-Mar-2023	0.00
UIIC230289455561471	147	1	VAGIRI JOYCE JASPER	Self	Female	43	01-Mar-2023	200,000.00
UIIC230289455561481	148	1	B. KANAKA DURGA	Self	Female	39	01-Mar-2023	200,000.00
UIIC230289455561482	148	2	B. ANAND RAJU	Spouse	Male	40	01-Mar-2023	0.00
UIIC230289455561483	148	3	B. VIDAYA LAKSHMI	Daughter	Female	18	01-Mar-2023	0.00
UIIC230289455561484	148	4	B. AJAY KUMAR	Son	Male	13	01-Mar-2023	0.00
UIIC230289455561491	149	1	KONDETI SUBRAHMANYAM	Self	Male	34	01-Mar-2023	200,000.00
UIIC230289455561492	149	2	KONDETI MAJULLANMA	Spouse	Female	29	01-Mar-2023	0.00
UIIC230289455561493	149	3	KONDETI BHARATH VARDHAN	Son	Male	8	01-Mar-2023	0.00
UIIC230289455561494	149	4	KONDETI SREENIDHI	Daughter	Female	7	01-Mar-2023	0.00

UIIC230289455561303	130	3	VARMA	Son	Male	19	2023	0.00
UIIC230289455561304	130	4	VAISHNAVY	Daughter	Female	13	01-Mar-2023	0.00
UIIC230289455561311	131	1	Y. ANNAMANI	Self	Female	55	01-Mar-2023	200,000.00
UIIC230289455561312	131	2	KUNCHALAPALLI ANIL	Spouse	Male	55	01-Mar-2023	0.00
UIIC230289455561313	131	3	KUNCHALAPALLI AKHIL	Son	Male	28	01-Mar-2023	0.00
UIIC230289455561314	131	4	KUNCHALAPALLI AKSHAY	Son	Male	24	01-Mar-2023	0.00
UIIC230289455561321	132	1	P. MRATHAMMA	Self	Female	56	01-Mar-2023	200,000.00
UIIC230289455561322	132	2	RAVI PRBHAKARA RAO	Spouse	Male	60	01-Mar-2023	0.00
UIIC230289455561323	132	3	RAVI RAVANEETH KUMAR	Son	Male	31	01-Mar-2023	0.00
UIIC230289455561331	133	1	M. N. V. S. RAVI VARMA	Self	Male	45	01-Mar-2023	200,000.00
UIIC230289455561332	133	2	M. DURGA TEJASWI	Spouse	Female	35	01-Mar-2023	0.00
UIIC230289455561333	133	3	M. PRAJNA SAI SREE	Daughter	Female	16	01-Mar-2023	0.00
UIIC230289455561334	133	4	M. NAGA VARSHINI	Daughter	Female	10	01-Mar-2023	0.00
UIIC230289455561341	134	1	K. SRINIVASA VARMA	Self	Male	51	01-Mar-2023	200,000.00
UIIC230289455561342	134	2	K. RANI	Spouse	Female	40	01-Mar-2023	0.00
UIIC230289455561343	134	3	K. NAVYASREE	Daughter	Female	16	01-Mar-2023	0.00
UIIC230289455561351	135	1	G. RADHA	Self	Female	47	01-Mar-2023	200,000.00
UIIC230289455561352	135	2	J. N. V. GOPALAN	Spouse	Male	51	01-Mar-2023	0.00
UIIC230289455561353	135	3	J. PRABHAT GOPALAN	Son	Male	25	01-Mar-2023	0.00
UIIC230289455561361	136	1	K. LAKSHMIPATHI	Self	Male	50	01-Mar-2023	200,000.00
UIIC230289455561362	136	2	K. LAKSHMI DURGA	Spouse	Female	43	01-Mar-2023	0.00
UIIC230289455561363	136	3	K. BHARATH VARMA	Son	Male	26	01-Mar-2023	0.00
UIIC230289455561371	137	1	BH. SURYA BHASKARA RAJU	Self	Male	45	01-Mar-2023	200,000.00
UIIC230289455561372	137	2	BH. HANSHI RANI	Spouse	Female	36	01-Mar-2023	0.00
UIIC230289455561373	137	3	BH. TARINI	Daughter	Female	6	01-Mar-2023	0.00
UIIC230289455561381	138	1	K. GOPALA KRISHNAM RAJU	Self	Male	47	01-Mar-2023	200,000.00
UIIC230289455561382	138	2	K. PADMAVATHI DEVI	Spouse	Female	34	01-Mar-2023	0.00
UIIC230289455561383	138	3	K. YASHWANTH VARMA	Son	Male	15	01-Mar-2023	0.00
UIIC230289455561391	139	1	K. RANI	Self	Female	40	01-Mar-2023	200,000.00
UIIC230289455561392	139	2	K. SRINIVASA VARMA	Spouse	Male	51	01-Mar-2023	0.00
UIIC230289455561393	139	3	K. NAVYASREE	Daughter	Female	16	01-Mar-2023	0.00



POLICY NO.:1514002822P12982514  
UTM NO. UTMPLGP200423V011920



**UNITED INDIA INSURANCE COMPANY LIMITED**  
**REGD. & HEAD OFFICE : NO.24, WHITES ROAD, CHENNAI-600014**  
**UNI GROUP HEALTH INSURANCE POLICY**

**1. Premise & Operating Clause**  
This is a legal contract between the Policyholder and us to provide the insurance cover detailed in the Policy to the Insured Persons up to the Sum Insured subject to

- the receipt of full premium,
- disclosure of information on behalf of him/her-self and all persons to be insured which is incorporated in the policy or by his/ her authorized intermediary on behalf of him/her-self and all persons to be insured which is incorporated in the policy and is the basis of it; and
- the terms, conditions and exclusions of this Policy.

If during the policy period one or more Insured Person (s) is required to be hospitalized for treatment of an illness or injury at a hospital/day care, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify the medically necessary and reasonable and Customary expenses towards the Coverage mentioned in the policy schedule. Provided further that any amount payable under the policy shall be subject to the terms of coverage (including any co-pay, sub limits), exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims during each Policy Year shall be the Sum Insured opted as specified in the Schedule.

**11. DEFINITIONS**  
The terms listed below, and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

- A. Standard Definitions**
- 1. Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
  - 2. Any one illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
  - 3. Cashless facility** means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured Person in accordance with the policy terms and conditions, are directly made to the network provider by the Insurer to the extent pre-authorization is approved.
  - 4. Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.
  - 5. 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** - Congenital anomaly which is not in the visible and accessible parts of the body.
    - a. External Congenital Anomaly** - Congenital anomaly which is in the visible and accessible parts of the body.
  - 6. Co-Payment** means 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.
  - 7. Cumulative Bonus** means any increase or addition in the Sum Insured granted by the Insurer without an associated increase in premium.
    - 8. 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 supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under-
      - 20.i) has qualified nursing staff under its employment;
      - 20.ii) has qualified medical practitioner/s in charge;
      - 20.iii) has qualified operation theatre of its own where surgical procedures are carried out;
      - 20.iv) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
    - 9. Day Care Treatment** means medical treatment, and/or surgical procedure which is:
      - undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement; and
      - otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.
    - 10. Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
    - 11. Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
    - 12. 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:
      32. a. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or

UIC230289455561501	150	1	POLIMATI JOY CHRYSOLYTE DORCUS BABAU	Self	Female	37	01-Mar-2023	200,000.00
UIC230289455561502	150	2	POLIMATI VINAYA	Spouse	Male	42	01-Mar-2023	0.00
UIC230289455561503	150	3	POLIMATI GLADSON PAUL THEOPHILUS	Son	Male	13	01-Mar-2023	0.00
UIC230289455561504	150	4	POLIMATI SREASHTA MERCY PEACE	Daughter	Female	11	01-Mar-2023	0.00
UIC230289455561511	151	1	TALLURI SUNDARAMANI	Self	Female	55	01-Mar-2023	200,000.00
UIC230289455561512	151	2	TALLURI JOE BABU	Spouse	Male	53	01-Mar-2023	0.00
UIC230289455561513	151	3	TALLURI NATHANIEL	Son	Male	23	01-Mar-2023	0.00
UIC230289455561521	152	1	JAMPANA SATYANARAYANA RAJU	Self	Male	53	01-Mar-2023	200,000.00
UIC230289455561522	152	2	JAMPANA CHITTI BANGARAMMA	Spouse	Female	46	01-Mar-2023	0.00
UIC230289455561531	153	1	PENNETSA BHARATH VARMA	Self	Male	31	01-Mar-2023	200,000.00
UIC230289455561532	153	2	VEGESNA PUJITHA	Spouse	Male	20	01-Mar-2023	0.00
UIC230289455561541	154	1	MANTHENA WARENDRA RAJU	Self	Male	37	01-Mar-2023	200,000.00
UIC230289455561551	155	1	MUDUNURI HARANADHA RAJU	Self	Male	38	01-Mar-2023	200,000.00



- 32.b. the patient takes treatment at home on account of non-availability of room in a hospital.
  - 13. **Emergency Care** 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.
  - 14. **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.
  - 15. **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 Central Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act or complies with all minimum criteria as under:
  - 35.i.ii) has qualified nursing staff under its employment round the clock;
  - 35.i.iii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
  - 35.i.iii) has qualified medical practitioner(s) in charge round the clock;
  - 35.i.iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - 35.i.v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
  - 16. **Hospitalization** means admission in a hospital for a minimum period of 24 consecutive in-patient care hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
  - 17. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
  - 1. **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
  - 2. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
    - i. i. it needs on going or long term monitoring through consultations, examinations, check-ups, and/ or tests.
    - ii. it needs on going or long-term control or relief or symptoms
    - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it.
    - iv. it recurs or is likely to recur
  - 18. **Injury** means 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.
  - 19. **Impaired Care** means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.
  - 20. **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.
  - 21. **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 intensive charges.
  - 22. **Maternity expenses** means:
    - a. i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
    - ii. (b) expenses towards lawful medical termination of pregnancy during the Policy period.
  - 23. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or other medical prescription.
  - 24. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
  - 25. **Medical Practitioner** means 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 Homoeopathy set up by the Government of India or a State Government and is hereby entitled to practice medicine within its jurisdiction, and is acting within its scope and jurisdiction of license.
  - 26. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
    - i. is required for the medical management of the illness or injury suffered by the insured;
    - ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
    - iii. must have been prescribed by a medical practitioner;
    - iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
  - 27. **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.
  - 28. **Non-Network Provider** means any hospital, day care centre or other provider that is not part of the network.
  - 29. **Non-Born Baby** means baby born during the Policy period and is aged up to 90 days.
  - 30. **Notification of Claim** means the process of informing a claim to the insurer or TPA through any of the recognized modes of 31. **OPD treatment** means the 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 a Medical Practitioner. The insured is not admitted as a day care or in-patient.
  - 32. **Pre-Existing Disease (PED)** means any condition, ailment, injury, or disease:
    - i. that is diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
    - ii. 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.
  - 33. **Pre-hospitalisation Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalisation of the Insured Person provided that:
    - i. Such Medical Expenses are incurred for the same condition for which the Insured Person's hospitalization was required, and
    - ii. The in-patient hospitalization claim for such hospitalization is admissible by the Insurance Company.
  - 34. **Post-hospitalisation Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
    - 61.i.i. Such Medical Expenses are for the same condition for which the insured person's hospitalisation was required, and
    - 61.i.ii. the inpatient hospitalisation claim for such hospitalization is admissible by the insurance company.
  - 35. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
  - 36. **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.
  - 37. **Renewal** means 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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
  - 38. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
  - 39. **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 from suffering and prolongation of life, performed in a hospital or day care Centre by a medical practitioner.
  - 40. **Unproven/Experimental Treatment** means the treatment, including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
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  - 3. **Annexure** means a document attached and marked as Annexure to this policy.
  - 4. **Ambulance** means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
  - 5. **Associated Medical Expenses** means hospitalisation related expenses on Surgeon, Anesthetist, Medical Practitioner, Consultants and Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital; Anesthesia, blood, oxygen, operation theatre charges, surgical appliances and such other similar expenses with the exception of:
    - a. cost of pharmacy and consumables/medicines
    - b. cost of implants/medical devices
    - c. cost of diagnostics
- Note 1 of Section III.1.**
- The scope of this definition is limited to admissible claims where a proportionate deduction is applicable, as per Homoeopathy Systems.**
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  - 8. **Base Sum Insured** means the Sum Insured for the Base Cover as specified in the Policy Schedule and/or Certificate of Insurance.
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  - 12. **Cosmetic Surgery** means Surgery or medical Treatment that modifies, improves, restores or maintains normal appearance of a physical feature, irregularity, or defect.
  - 13. **Dentist** means a dentist, dental surgeon or dental practitioner who is registered or licensed as such under the laws of the country, state or other regulated area in which the Treatment is provided.
  - 14. **Effective Date** means the date shown on the Certificate of Insurance on which the Insured Person was first included under the Policy.
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    - a. cost of pharmacy and consumables/medicines
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  - 18. **Exclusions** mean specified contract, hazards, services, conditions, and the like that are not provided for (covered) under a particular health insurance contract.
  - 19. **Home nursing** is arranged by the Hospital for a Qualified Nurse to visit the patient's home to give expert nursing services



Relationships covered under the Policy are as specified in the Policy Schedule/ Certificate of Insurance.

**Basic Covers**  
 The Policy provides basic coverage as described below in this section provided that the expenses are incurred on the written Medical Advice of a Medical Practitioner, and are incurred on Medically Necessary Treatment of the Insured Person.

**1. In-patient Hospitalisation Expenses Cover:**

We will pay the Reasonable and Customary Charges for the following Medical Expenses of an Insured Person in case of illness or injury is within the Policy period:  
 A. Room, Boarding and Nursing expenses as provided by the Hospital/Nursing Home up to the category/limit specified in the Policy Schedule/ Certificate of Insurance or actual expenses incurred, whichever is less, including nursing care, RMO charges, IV fluids/Blood transfusion/Injection administration charges and similar expenses.  
 B. Charges for accommodation in ICU/CCU/HOU up to the category/limit specified in the Policy Schedule/ Certificate of Insurance or actual expenses incurred, whichever is less,  
 C. Operation theatre cost,  
 D. Anaesthetics, Blood, Oxygen, Surgical Appliances and/ or Medical Appliances, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, orthopaedic implants, infra cardiac valve replacements, vascular stents, and other medical expenses related to the treatment.  
 E. The fees charged by the Medical Practitioner, Surgeon, Specialists and Anaesthetists treating the Insured Person;  
 F. Medicines, drugs and other allowable consumables prescribed by the treating Medical Practitioner;  
 G. Cost of Investigative tests or diagnostic procedures directly related to the Injury/Illness for which the Insured Person is hospitalized such as but not limited to Radiology, Pathology tests, X-rays, MRI and CT Scans, Physiotherapy.

**Note 1:**  
**Proportionate Clause:** In case of admission to a room at rates exceeding the limits mentioned in the Policy Schedule/Certificate of Insurance (for Section III.1.A), the reimbursement/payment of all associated medical expenses incurred at the hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent. Proportionate Deductions shall not be applied in respect of those hospitals where differential billing is not followed or for those expenses where differential billing is not adopted based on the room category.

**Note 2:**

**Mental Illness Cover Limit:**  
 In case of following mental illnesses the Inpatient Hospitalization benefit will be covered up to the limit as mentioned in the schedule:  
 1. Schizophrenia (ICD - F20; F21; F25)  
 2. Bipolar Affective Disorders (ICD - F31; F34)  
 3. Depression (ICD - F32; F33)  
 4. Obsessive Compulsive Disorders (ICD - F42; F60.5)  
 5. Psychosis (ICD - F22; F23; F28; F29)  
 All claims under this benefit can be made as per the process defined under Section VI. 3 and 4

**2. Day Care Treatment Cover:**

We will cover the Medical Expenses incurred on the Insured Person's Day Care Treatment (as defined in Section II.A.9) during the policy period following an illness or injury that occurs during the Policy Period provided the Day Care Treatment is for Medically Necessary Treatment and follows the written Medical Advice.  
 The benefit under the policy will be limited to the amount specified in the Policy Schedule/ Certificate of Insurance, whichever is less.

**3. Pre - Hospitalisation Medical Expenses Cover**

All claims under this benefit can be made as per the process defined under Section VI.3 and VI.4  
 We will cover, on a reimbursement basis, the Insured Person's Pre-hospitalization Medical Expenses incurred due to an illness or injury that occurs during the Policy Period up to the number of days and up to the amount limit as specified in the Policy Schedule or Certificate of Insurance or actual expenses incurred, whichever is less, provided that:  
 (i) We have accepted a claim for In-patient Hospitalization under Section III.1 or III.2 above;  
 (ii) The Pre-hospitalization Medical Expenses are related to the same illness or injury.  
 (iii) The date of admission to the Hospital for the purpose of this Benefit shall be the date of the Insured Person's first admission to the Hospital in relation to the same Any One Illness.

**4. Post - Hospitalisation Medical Expenses Cover**

All claims under this benefit can be made as per the process defined under Section VI.4  
 We will cover, on a reimbursement basis, the Insured Person's Post-hospitalization Medical Expenses incurred following an illness or injury that occurs during the Policy Period up to the number of days and up to the amount limit as specified in the Policy Schedule or Certificate of Insurance, provided that:  
 (i) We have accepted a claim for In-patient Hospitalization under Section III.1 or III.2 above;  
 (ii) The Pre-hospitalization Medical Expenses are related to the same illness or injury.  
 (iii) The date of discharge from the Hospital for the purpose of this Benefit shall be the date of the Insured Person's last discharge from the Hospital in relation to the same Any One Illness for which We have accepted an In-patient Hospitalization claim under Section III.1 or III.2 above.

**5. Road Ambulance Cover**

All claims under this benefit can be made as per the process defined under Section VI.4  
 We will cover the costs incurred up to the limit as specified in the Policy Schedule or Certificate of Insurance on transportation of the Insured Person by road Ambulance to a Hospital for treatment in an Emergency following an illness or injury which occurred during the Policy Period. It becomes payable if a claim has been admitted under Section III.1 or III.2 and the expenses are related to the same illness or injury.  
 We will also cover the costs incurred on transportation of the Insured Person by road Ambulance in the following circumstances up to the limits specified in the Policy Schedule or Certificate of Insurance:  
 (i) It is medically required to transfer the Insured Person to another Hospital or diagnostic centre during the course of

immediately after Hospital Treatment for as long as is required by medical necessity, visits for as long as is required by medical necessity for Treatment which would normally be provided in a Hospital. In either case, the Specialist who treated the patient must have recommended these services.

**20. Inception Date** means the inception date of this Policy as specified in the Policy Schedule or Certificate of Insurance when the coverage under the Policy commences.

**21. In-patient** means an Employee/ Member or Dependent who is admitted to a Hospital and stays for at least 24 hours for the sole purpose of receiving Treatment.

**22. Insured Person** means the Employee/ Member and/or Dependents named in the Policy Schedule/ Certificate of Insurance, who is / are covered under this Policy, for whom the insurance is proposed and the appropriate premium is paid.

**23. IRDAI** means the Insurance Regulatory and Development Authority of India.

**24. Medical Assistance Service** is a service which provides Medical Advice, evacuation, assistance and repatriation. This service can be multi-lingual and is available 24 hours a day.

**25. Migration** means, the right accorded to health insurance policyholders (including all members under family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

**26. Nominee** means the person named in the Policy Schedule or Certificate of Insurance (as applicable) who is nominated to receive the Benefits in respect of an Insured Person or Dependent covered under the Policy in accordance with the terms and conditions of the Policy, if such person is deceased when the Benefit becomes payable.

**27. Out-Patient** means a patient who undergoes OPD treatment.

**28. Policy** is sent to You comprising of Policy wordings, Certificates of Insurance issued to the Insured Persons, group proposal form/RFQ and Policy Schedule/ Certificate Of Insurance which form part of the Policy contract including endorsements, as amended from time to time which form part of the Policy contract and shall be read together.

**29. Policy Period** means the period between the Inception Date and the expiry date of the Policy, whichever is earlier.

**30. Policy Schedule** means the schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which Benefits under the Policy are subject to, including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

**31. Spouse** means the Employee's legal husband or wife proposed to be covered under the Policy.

**32. Specialist** is a Medical Practitioner who:  
 - Has received advanced specialist training;  
 - Practices a particular branch of medicine or Surgery;  
 - Is or has been appointed as a consultant in a Hospital or is or has been appointed to a position in a Hospital Which We accept as being of equivalent status.

It is clarified that a physiotherapist who is registered or licensed as such under the laws of the country, state or other regulated area in which the Treatment is provided is only a Specialist for the purpose of physiotherapy as described in the list of Benefits.

**33. Sum Insured** means, subject to the terms, conditions and exclusions of this Policy, the amount representing Our maximum total liability for any or all claims arising under this Policy for the respective Benefit(s) in respect of an Insured Person and is as specified in the Policy Schedule and/ or Certificate of Insurance against the particular Benefit(s).

**34. Surgical Appliance and/ or Medical Appliance** means:  
 - An artificial limb, prosthesis or device which is required for the purpose of or in connection with a Surgery;  
 - A prosthetic or appliance which is medically necessary and is part of the recuperation process on a Short-Term basis.

**35. Service Partner** is an assistance company utilized by Us to support You for facilitation of access to Network Providers and for providing Medical Assistance Services. In India such services will be provided by a TPA.

**36. Sub Limit** defines limitation on the amount of coverage available to cover a specific type of claim. A sublimit is part of, rather than in addition to, the limit that would otherwise apply to the admissible claim amount.

**37. Third Party Administrator (TPA)** means a Company who is licensed under the IRDAI (Third Party Administrators - Health Services) Regulations 2016, as amended from time to time, by the IRDAI and is engaged for a fee or remuneration by Us for the purposes of providing health services.

**38. Treatment** means any relevant treatment controlled or administered by a Medical Practitioner to cure or substantially relieve illness within the scope of the Policy.

**39. Waiting Period** means a time bound exclusion period related to condition(s) specified in the Policy Schedule or Certificate of Insurance or Policy which shall be served before a claim related to such condition(s) becomes admissible.

**40. We/ Our/ Us** means the United India Insurance Company Limited.

**41. You/ Your/ Policyholder** means the person named in the Policy Schedule who has concluded this Policy with Us.

**III. COVERS UNDER THE POLICY**

In the event of any claim arising as a result of treatment taken for an Injury or Illness during the Policy period which becomes payable under any applicable Base Cover and/ or Optional Covers, then We shall indemnify the Reasonable and Customary Medical Expenses incurred or pay for the listed Benefits, in accordance with the terms, conditions and exclusions of the Policy subject to availability of the Sum Insured for the cover/ benefit applicable and subject to the limit, if any, specified in the Policy Schedule/ Certificate of Insurance. All limits mentioned in the Policy Schedule/ Certificate of Insurance are applicable for each Policy period of coverage.

**Cover Type**  
 The Policy provides cover on an Individual or Family Floater basis. A separate Sum Insured for each Insured Person, as specified in the Policy Schedule/ Certificate of Insurance, is provided under Individual basis while under Family Floater basis, the Sum Insured limit is shared by the whole family of the group member as specified in the Policy Schedule/ Certificate of Insurance and Our total liability for the family cannot exceed the Sum Insured in a Policy period. The cover type basis shall be as specified in the Policy Schedule/ Certificate of Insurance. The basis of cover chosen for the Base Cover is applicable for the Optional Covers as well.





UNITED INDIA INSURANCE COMPANY LIMITED.

RECEIPT

Branch/Office Code/Address:	151400/DO TADepallIGUDE 1ST FLOOR, D. NO 1-17-2/I, GEETHA MANDIR OPPOSITE ROAD, NEAR R.T.C. COMPLEX, TADepallIGUDEMS34101	Receipt Number: Collection Date:	10115140022115055925 10/03/2023
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Received with thanks from VISHNU DENTAL COLLEGE (Customer ID : 25028945556, Customer GST/UIN No. Not Available) a sum of Rs. 337425.00 (Three lakhs thirty-seven thousand four hundred twenty-five rupees only) as per detail given hereunder:

Sl. No	Policy Number	Policy Type	Endr/Ren/Clm/Decln No	Particulars	Total Amount
1	1514002822P112982514	UnitGroupHealthInsurancePolicy	0	Final Premium	2,85,953.00
2	1514002822P112982514	UnitGroupHealthInsurancePolicy	0	CGST	25,756.00
3	1514002822P112982514	UnitGroupHealthInsurancePolicy	0	SGST	25,756.00
<b>Total (Rounded Off):</b>					<b>3,37,425.00</b>
Stamp Duty :					0.00
Bank Charges :					0.00
<b>Total Amount :</b>					<b>3,37,425.00</b>

Sl. No	Payment ID	Mode of Payment	Instrument Number	Instrument Date	Bank Name	Branch Name	Tagged Amount
1	1221514001102902666	RTGS/NEFT	28/02/23	28/02/2023	UNION BANK OF INDIA (UBI),...	TPG	3,37,425.00

Particulars :  
GSTIN (UICI) : 37AAACU5552C1ZI



AUTHORISED SIGNATORY

Notice:  
1. Receipt valid subject to realisation of cheque  
2. Please quote policy no., collection no., and date in all correspondence.

DR : 02/06/2023  
Paid via Proceeding No. & Date  
GSOJFE 584156172022  
Consent to Proceeding No. & Date

POLICY NO.: 1514002822P112982514  
UIN NO. UITHLGP20043W011920

Hospitalization for advanced diagnostic treatment in circumstances where such facility is not available in the existing Hospital; (h) is medically required to transfer the Insured Person to another Hospital during the course of Hospitalization due to lack of speciality treatment in the existing Hospital.  
All claims under this Benefit can be made as per the process defined under Section VI.4

**6. Domiciliary Hospitalisation Cover**

We will cover Medical Expenses, up to the limit specified in the Policy Schedule/ Certificate of Insurance, incurred for the Insured Person's Domiciliary Hospitalization during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:  
i. The Domiciliary Hospitalization continues for at least 3 consecutive days in which case We will make payment under this Benefit in respect of Medical Expenses incurred from the first day of Domiciliary Hospitalization;  
ii. The treating Medical Practitioner confirms in writing that Domiciliary Hospitalization was medically required and the Insured Person's condition was such that the Insured Person could not be transferred to a Hospital or the Insured Person satisfies Us that a Hospital bed was unavailable;  
iii. We shall not be liable to pay for any claim in connection with:

- a. Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza;
- b. Arthritis, gout and Rheumatism;
- c. Chronic nephritis and nephritic syndrome;
- d. Diarrhoea and all type of dysenteries, including gastroenteritis;
- e. Diabetes mellitus and insipidus;
- f. Epilepsy;
- g. Hypertension;
- h. Psychiatric or psychosomatic disorders of all kinds;
- i. Pyrexia of unknown origin.

**7. Donor Expenses Cover**

All claims under this Benefit can be made as per the process defined under Section VI.4  
We will cover the In-patient Hospitalization Medical Expenses incurred for an organ donor's treatment during the Policy Period for the harvesting of the organ donated up to the limit as specified in the Policy Schedule or Certificate of Insurance provided that:

- i. The donation conforms to The Transplantation of Human Organs Act 1994 and the organ is for the use of the Insured Person;
- ii. We have admitted a claim towards In-patient Hospitalization under the Base Cover and it is related to the same condition; organ donated is for the use of the Insured Person as certified in writing by a Medical Practitioner;
- iii. We will not cover:  
a. Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses of the organ donor;  
b. Screening expenses of the organ donor;  
c. Costs associated with the acquisition of the donor's organ;  
d. Transplant of any organ/tissue where the transplant is experimental or investigational;  
e. Expenses related to organ transportation or preservation;

**8. Modern Treatment Methods & Advancement in Technology**

All claims under this Benefit can be made as per the process defined under Section VI.3 and VI.4  
In case of an admissible claim under Section III.1, expenses incurred on the following procedures (wherever medically indicated) either as in-patient or as part of day care treatment in a hospital, shall be covered. The claim shall be subject to additional sub-limits indicated against them in the table below:

Sl. No.	Modern Treatment Methods & Advancement in Technology	Limits per Surgery
1.	Uterine Artery Embolization & High Intensity Focussed Ultrasound (HIFU)	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Uterine Artery Embolization & HIFU
2.	Balloon Sinuplasty	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Balloon Sinuplasty
3.	Deep Brain Stimulation	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Deep Brain Stimulation
4.	Oral Chemotherapy	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Oral Chemotherapy
5.	Immunotherapy: Monoclonal Antibody to be given as Injection	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period
6.	Intra vitreal Injections	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period
7.	Robotic Surgeries (including Robotic Assisted Surgeries)	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Robotic Surgeries for (i) the treatment of any disease involving Central Nervous System irrespective of aetiology; (ii) Otolaryngics



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Stereotactic Radio Surgeries	Surgeries for other diseases up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Stereotactic Radio Surgeries.
Bronchial Thermoplasty	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Bronchial Thermoplasty.
Vaporisation of the Prostate (Green laser treatment or holmium laser treatment)	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period.
Intra Operative Neuro Monitoring (IONM)	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Intra Operative Neuro Monitoring.
Stem Cell Therapy: Hematopoietic Stem cells for bone marrow transplant for haematological conditions to be covered only	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period.

All claims under this Benefit can be made as per the process defined under Section VI. 3 and 4. There are Optional covers available with the Policy.

**IV) PERMANENT EXCLUSIONS & WAITING PERIODS**

All the Waiting Periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

**A) WAITING PERIODS**

We shall not be liable to make any payment under this Policy caused by, based on, arising out of, relating to or howsoever attributable to any of the following:

**1) Pre-Existing Disease Waiting Period (Code-Excl01)**

Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of the number of months, as mentioned in the Policy schedule or Certificate of Insurance, of continuous coverage after the date of inception of the first policy with us.

In case of enhancement of Sum Insured 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.

iv) Coverage under the policy after the expiry of the number of months, as mentioned in the Policy schedule or Certificate of Insurance, for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

**2) Specific Waiting Period (Code-Excl02)**

Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of the number of months, as mentioned in the Policy schedule or Certificate of Insurance, of continuous coverage, as may be the Case after the date of inception of the first policy with the Insurer. This exclusion shall not be applicable for claims arising due to an accident.

ii) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

iii) 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.

iv) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

v) 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.

vi) List of specific diseases/procedures:

a) Cataract

b) Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus unless necessitated by malignancy myomectomy for fibroids

c) Knee Replacement Surgery (other than caused by an Accident), Non-infectious Arthritis, Gout, Rheumatism, Osteoarthritis and Osteoporosis, Joint Replacement Surgery (other than caused by Accident), Protrusion of Intervertebral discs (other than caused by Accident), all Vertebral Disorders, including but not limited to Spondylitis, Spondylosis, Spondylolisthesis, Congenital Internal Diseases

d) Varicose Veins and Varicose Ulcers

e) Stones in the urinary, uro-genital and biliary systems including calculus diseases

f) Benign Prostate Hyperplasia, all types of Hernia

g) Pressure, Fistula in anus, Piles, all types of Hemorrhoids and any abscess related to the anal region

h) Chronic Suppurative Otitis Media (CSOM), Deafness, Deafness and related disorders, Sinusitis and related disorders, Surgery on tonsils/Adenoids, Tympanoplasty and other benign ear, nose and throat disorder or surgery

i) Gastric and duodenal ulcer, any type of Cysts/Modules/Polyps/internal tumours/skin tumors, and any type of Breast lumps (unless malignant), Polycystic Ovarian Diseases

j) Any Surgery of the genito-urinary system unless necessitated by malignancy

k) Age-related Macular Degeneration (AMD)

l) All Neurodegenerative disorders

m) Waiting Period for Named Medical Illnesses

S. No.	Organ / Organ Systems	Illness / Surgeries
	<b>Mental Disorders</b>	1) Schizophrenia (ICD - F20; F21 - F25) 2) Bipolar Affective Disorders (ICD - F31; F34) 3) Depression (ICD F32; F33) 4) Obsessive Compulsive Disorders (ICD - F42; F40.5) 5) Psychosis (ICD - F23; F28; F29)



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- 3. **Initial Waiting Period for Hospitalization (Code-Excl03)**
  - i. Expenses related to the treatment of any illness within the number of days, as mentioned in the Policy schedule or Certificate of Insurance, from the first policy commencement date shall be excluded except claims arising due to an accident provided the same are covered.
  - ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
  - iii. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

**B. Standard Permanent Exclusions**

- 4. **Investigation & Evaluation (Code-Excl04)**
  - i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded;
  - ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- 5. **Rest Cure, Rehabilitation and Respite Care (Code-Excl05):**
  - i. 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.
    - ii. Any services for people who are terminally ill to address physical, social, emotional, and spiritual needs.

**6. Obesity / Weight Control (Code-Excl06):**

- i. Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:
  - 1. Surgery to be conducted is upon the advice of the Doctor
  - ii. The surgery/Procedure conducted should be supported by clinical protocols
  - iii. The member has to be 18 years of age or older and
  - iv. 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:
      - a. Obesity-related cardiomyopathy
      - b. Coronary heart disease
      - c. Severe Sleep Apnoea
      - d. Uncontrolled Type2 Diabetes

**7. Change-of-Gender treatments (Code-Excl07):**

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

**8. Cosmetic or Plastic Surgery (Code-Excl08):**

- i. 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. Hazardous or Adventure sports (Code- Excl09):**

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

**10. Breach of law (Code-Excl10):**

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

**11. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)**

- i. Treatment 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)

**12. 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 hospitalisation claim or day care procedure. (Code-Excl14)**

- i. Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.

**14. Refractive Error (Code-Excl15):**

- i. 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.

**15. Unproven Treatments (Code- Excl16):**

- i. Expenses related to Sterility and Infertility (Code-Excl17):
  - 1. Any type of contraception, sterilization
  - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
  - iii. Gestational Surrogacy
  - iv. Reversal of sterilization

**17. Maternity (Code-Excl18):**

- i. Medical treatment expenses traceable to child birth (Including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy;
  - ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

**C. Specific Exclusions**

- 1. All expenses, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.

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- 1. All illness/expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or nuclear form) or from any nuclear waste from the combustion of nuclear fuel nuclear, chemical or biological attack.
- 2. All expenses for treatment of any illness or injury not covered by the Certificate of Insurance, from the first policy commencement date shall be excluded except claims arising due to an accident provided the same are covered.
- 3. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
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  - iv. Body Mass Index (BMI)
    - A. Greater than or equal to 40 or
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necessary document.  
iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Insured Person at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.  
(Explanation: "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).

4. **Complete Discharge**  
Any payment to the Policyholder, Insured Person or his/her nominees or his/her legal representative or Assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5. **Multiple Policies**  
i. In case of multiple policies taken by an 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 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. 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 condition 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 an Insured Person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

6. **Fraud**  
i. 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 the Insurer.  
For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/ any other party acting on behalf of the Insured Person, with intent to deceive the Insurer or to induce the Insurer to issue an insurance policy:  
i. the active concealment of a fact by the Insured Person having knowledge or belief of the fact;  
ii. the active act fitted to deceive; and  
iii. any such act or omission as the law specially declares to be fraudulent.  
The Insured Person 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 or suppression of material fact are within the knowledge of the Insurer.

7. **Cancellation**  
i. The policyholder may request for cancellation of the policy at any time by giving 15 days' notice in writing. In such case, We shall refund the percentage of premium for the unexpired Policy Period on short period scale as per the table below: The grid is applicable for single premium Policy.

Period* for which risk is retained	Refund
Upto 1 Month	75%
>1 Month- less than 3 Month	50%
>3 Months - less than 6 months	25%
>6 Months - less than 9 months	15%
>9 Months	Nil

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation policy, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the policy.  
ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

8. **Migration**  
The Insured Person will have the option to migrate the policy to other health insurance products/plans offered by the Company by applying for migration of the policy at least 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 the Company, the Insured Person will get the accrued continuity benefits in waiting period 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=PageNo3982&flag=1](https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3982&flag=1)

9. **Renewal of Policy**  
The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation, non-disclosure of material facts by the Insured Person.  
i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

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ii. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy year(s).  
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.  
iv. No loading shall apply on renewals based on individual claims experience.

11) **Withdrawal of Policy**  
i. In the likelihood of this product being withdrawn in future, the Company will intimate the Policyholders about the same 90 days prior to date of withdrawal of the product.  
ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

12) **Moratorium Period**  
After completion of eight continuous years under the policy no look back would 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 claim under this policy 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 as per the policy.

13) **Redressal of Grievances**  
In case of any grievance the Insured Person may contact the Company through:  
Website: www.uic.co.in  
Toll free: 1800 425 333 33  
E mail: customercare@uic.co.in  
Contact: Customer Care Department, Head Office, United India Insurance Co. Ltd., 19, IV Lane, Nungambakkam High Road, Chennai, Tamil Nadu- 600034  
Insured Person may also approach the grievance cell at any of the Company's branches with the details of grievance. 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 customercare@uic.co.in  
For updated details of grievance officer, kindly refer the link <https://uic.co.in/en/customercare/grievance>

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 Insurance Ombudsman offices have been provided as Annexure - II coverpage may also be lodged at IRDAI Integrated Grievance Management System: <https://igms.irdai.gov.in/>

14) **Nomination**  
The Insured Person is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

15) **Specific Terms and Clauses**  
i. Parties to the Policy  
The only parties to this Policy are the Policyholder and Us.

ii) **No Constructive Notice**  
Any knowledge or information of any circumstance or condition in relation to You/Insured Person in Our possession or in the possession of any of Our officials shall not be deemed to be notice or be held to bind or prejudicially affect Us, or absolve You/Insured Person from your/her duty of disclosure, notwithstanding subsequent acceptance of any premium.

iii) **Eligibility**  
To be eligible for coverage under the Policy, the Insured Person must be -  
a. Either an employee of the policyholder where there is an employer/employee relationship OR a member of the group as defined in extant IRDAI guidelines on Group Health Insurance in case of Non-Employer-Employee policies  
b. The relationships which may be covered under the Policy are -  
i. Spouse  
ii. Employee/member's legal Spouse, Life Partner (including live-in partner)  
iii. For the purpose of this section, Life Partner (including live-in partner) shall be taken as declared at the time of inception of policy and no change would be accepted during the Policy Period. However, the Insured may request for change at the time of renewal of the cover.

iv. The Employee/member's children between the age of 91 days and 18 years shall be covered provided either or both parents are covered concurrently. Children above 18 years will continue to be covered along with parents up to the age of 26 years, provided they are unmarried/unemployed and dependent.  
v. Parents/Parents-in-law  
vi. The Employee/member's siblings shall be covered up to the age of 26 years, provided they are unmarried/unemployed and dependent.

vii. Any other relationship as specified in the Policy Schedule/Certificate of Insurance  
viii. Minimum Group size: The Policyholder shall ensure that the minimum number of Employees/members who will form a group to avail the Benefits under this Policy shall be 7 (Seven).  
ix. New Born Babies will be accepted for cover (subject to the limitations of the New Born Baby Benefit Cover) from birth if mother is covered and maternity cover is opted. Acceptance of New Born Babies as Insured Persons is subject to written notification on or before the last day of the month following the birth of the child and receipt of the agreed premium.

x. **Reasonable Care**



The Insured Person understands and agrees to take all reasonable steps in order to safeguard against any illnesses, Accident or Injury that may give rise to any claim under this Policy.

**5. Premium**  
The premium for each Policy will be determined based on the available data of each group, coverage sought by the insured and applicable discounts and loadings. Payment of premiums will be available in Single mode. No credit for premium shall be valid except on Our official form signed by Our duly authorized official. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this Policy by the Policyholder in so far as they relate to anything to be done or complied with by the Policyholder shall be a Condition Precedent to Our liability to make any payment under this Policy.

Premium will be subject to revision at the time of renewal of the Policy. Further, premium shall be paid in Indian Rupees and in favour of United India Insurance Company Ltd.  
**NOTE:** Where Instalment facility is granted by Us for the payment of premium, it is to be in accordance with the schedule of payments agreed between the Policyholder and Us in writing. Where premium is payable on an instalment basis, the renewal period shall be 15 days. Wherever premiums are not received within the renewal period, the Policy will be terminated effective from instalment due date and all claims that fall beyond such instalment due date shall not be paid. However, we will be liable to pay in respect of all claims where the Treatment/Admission/Accident has commenced/ occurred before the date of termination of such Policy.  
For instalment premium, in the event of cancellation of policy, we will refund premium on pro rata basis after deducting Our expenses.  
Premium shall be refunded for all lives which have not registered a claim with Us under the Policy up to the date of cancellation.

**6. Role of Group Administrator/Policyholder**  
i. The Policyholder should provide all the written information that is reasonably required to work out the premium and pay any claim/ Benefit provided under the Policy including the complete list of members to Us at the time of Policy issuance and renewal. Further information should be provided to Us on the entry and exit of the members at periodic intervals. Insurance will cease once the member leaves the group except when it is agreed in advance to continue the benefit even if the member leaves the group.  
ii. Material information to be disclosed includes every matter that the Insured Person and/or the Policyholder is aware of, or could reasonably be expected to know, that relates to questions in the RFP/ proposal form and which is relevant to Us in order to accept the risk of insurance and if so on what terms. The Insured Person/ Policyholder must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, or endorsement of the Policy.  
iii. The Policy holder i.e. the Employer may issue confirmation of insurance protection to the individual employees with clear reference to the Group Insurance policy and the benefits secured thereby.  
iv. The claims of the individual employees may be processed through the employer.

**7. Alterations in the Policy**  
This Policy constitutes the complete contract of insurance. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us. All endorsement requests will be made by the Policyholder only.

**8. Material Information for administration**  
The Insured Person and/ or the Policyholder must give us all the written information that is reasonably required to work out the premium and pay any claim/ Benefit provided under the Policy. You must give us written notification specifying the details of the Insured Persons to be deleted and the details of the eligible persons proposed to be added to the Policy as Insured Persons.

Material information to be disclosed includes every matter that the Insured Person and/or the Policyholder is aware of, or could reasonably be expected to know, that relates to questions in the proposal form and which is relevant to Us in order to accept the risk of insurance and if so on what terms. The Insured Person/ Policyholder must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation or endorsement of the Policy.

**9. Material Change**  
It is Condition Precedent to Our liability under the Policy that You shall at Your own expense immediately notify Us in writing of any material change in the risk on account of change in nature of occupation or business of any Insured Person. We may, in Our discretion, adjust the scope of cover and/ or the premium paid or payable, accordingly.

**10. 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 paid by all recipient(s)/ Policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or his agent or the hospital/doctor/ any other party acting on behalf of the Insured Person, with intent to deceive the Insurer or to induce the Insurer to issue an insurance policy:

- i. the active concealment of a fact of which the Insured Person having knowledge or belief of the fact;
  - ii. any other act fitted to deceive; and
  - iii. any such act or omission as the law specially declares to be fraudulent.
- The Company 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.

**11. Geographical Area**  
The geographical scope of this Policy applies to events limited to India unless specified under this Policy in a particular Benefit

In addition, However, all admitted or payable claims shall be settled in India in Indian rupees.

**11. Addition and Deletion of a Member**  
We shall include/exclude a group member/Employees of the Policyholder and/or his/her Dependent(s) as an Insured Person within the Policy in accordance with the following procedure:

- A. Additions**
- a. Employer – Employee Group:
    - i) Newly appointed employee and his/her dependents
    - ii) Newly wedded spouse of the employee,
    - iii) New born child of the employee
  - b. Non-Employer – Employee Group: As specified in the Policy Schedule

added by Us, and We have issued an endorsement confirming the addition of such person as an Insured Person in the Policy in accordance with the following procedure:

- B. Deletions:**
- a. Employer – Employee Group:
    - i) Employees leaving the company/organization on account of resignation/retirement/termination and his/her dependents shall be deleted from the policy effective from the date of resignation/retirement/termination or till the last day of the month of resignation/retirement/termination at the option of the insured
    - ii) In the event of death of an employee, his/her dependents may continue to be covered until the expiry of the policy period at the option of the insured
  - b. Non-Employer – Employee Group: As specified in the Policy Schedule

Throughout the Policy period, the Policyholder will notify Us of all and any changes in the membership of the Policy occurring in a month on or before the last day of the succeeding month.

**12. Endorsements**  
The Policy will allow the following endorsements during the Policy period. Any request for endorsement must be made only in writing by the Policyholder. Any endorsement would be effective from the date of the request received from You, or the date of receipt of premium, whichever is later.

- i. Identification in name of the proposer / Insured Person.
- ii. Identification in gender of the proposer/ Insured Person.
- iii. Identification in relationship of the Insured Person with the proposer.
- iv. Identification of age/ date of birth of the Insured Person
- v. Change in the correspondence address of the proposer.
- vi. Change/updating in the contact details viz., phone number, E-mail ID, etc.
- vii. Updating of alternate contact address of the proposer.
- viii. Change in Nominee details.
- ix. Deletion of Insured Person on death or upon leaving the group provided no claims are paid / outstanding.
- x. Addition of member (New Born Baby or newly wedded Spouse).

All endorsement requests shall be assessed by the underwriter and where required additional information/documents/ premium may be requested.

**13. Renewal Terms**  
Alterations like increase/ decrease in Sum Insured or change in optional covers can be requested at the time of Renewal of the Policy. We reserve Our right to carry out assessment of the group and provide the Renewal quote in respect of the revised Policy.

We may in Our sole discretion, revise the premiums payable under the Policy or the terms of the cover, provided that all such changes are in accordance with the IRDAI rules and regulations as applicable from time to time.

**14. Our Right of Termination**  
A. **Termination of Policy:**  
i. There is misrepresentation, fraud, non-disclosure of material fact by You / Insured Person without any refund of premium, by giving 15 days' notice in writing by Registered Post/Acknowledgment Due / recorded delivery to Your last known address, if there is non-cooperation by You/ Insured person, with refund of premium on pro rata basis for all lives which have not registered a claim with Us, after deducting Our expenses, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to Your last known address.

ii. The Policyholder does not pay the premiums owed under the Policy within the Grace Period.  
Upon termination, cover and services under the Policy shall end immediately. Treatment and costs incurred after the date of termination shall not be paid. If Treatment has been authorized or an approval for Cashless facility has been issued, we will not be held responsible for any Treatment costs if the Policy ends. However, we will be liable to pay in respect of all Claims when the Treatment/admission has commenced before the date of termination of such Policy.

**B. Termination for Insured Person's cover**  
Cover will end for a Member or dependent:  
i. If the Policyholder stops paying premiums for the Insured Person(s) and their Dependents (if any);  
ii. When this Policy terminates at the expiry of the period shown in the Policy Schedule/ Certificate of Insurance.

iii. If he or she dies;  
iv. When a dependent insured person ceases to be a Dependent; unless otherwise agreed specifically for continuation till end of policy period;  
v. If the Insured Person ceases to be a member of the group.

**15. Limitation of Liability**  
If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the



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case may be, within twelve months from the date of such rejection or settlement, the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

**17. Operation of Policy & Certificate of Insurance**  
The Policy shall be issued for the duration as specified in the Policy Schedule/ Certificate of Insurance. The Policy takes effect on the inception date stated in the Policy Schedule and/or the Certificate of Insurance and ends on the date of expiry of the Policy. For specific groups, upon request, all additions thereto by way of Certificate of Insurance shall be valid up to the Policy Period commencing from the actual date of addition to the Policy, it being agreed and understood that We shall continue to extend the benefit of coverage of insurance to the Insured Person(s) in the same manner on Renewal of the Policy or until expiry of the Certificate of Insurance, whichever is later.

**18. Electronic Transactions**  
The Policyholder/ Insured Person agrees to comply with all the terms and conditions as We shall prescribe from time to time, and confirms that all transactions affected facilities for conducting remote transactions such as the internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, in respect of the Policy, or Our other services, shall constitute legally binding when done in compliance with Our terms for such facilities. Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Policyholder/ Insured Person. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated / confirmed by the Policyholder/ Insured Person.

**19. Communications & Notices**  
a) Any notice, direction or instruction or any other communication related to the Policy should be made in writing.  
b) Such communication shall be sent to the address of the Company or through any other electronic modes at contact address as specified in the Policy Schedule.  
c) No insurance agents, brokers, other person or entity is authorized to receive any notice on behalf of Us unless explicitly stated in writing by Us.  
d) The Company shall communicate to The Policyholder/ Insured Person in writing, at the address as specified in the Policy Schedule/ Certificate of Insurance or through any other electronic mode at the contact address as specified in the policy schedule

**20. Territorial Jurisdiction**  
All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the policy shall be determined by the Indian court and according to Indian law.

**VII. CLAIMS PROCEDURE**

**1. Claims Administration & Process**

It shall be the condition precedent to admission of Our liability under this Policy that the terms and conditions of making the payment of premium in full and on time, insofar as they relate to anything to be done or complied with by You or any Insured Person, are fulfilled including complying with the following in relation to Claims:  
1. On the occurrence or discovery of any illness or injury that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.  
2. The treatment should be taken as per the directions, advice and guidance of the treating Medical Practitioner. Any failure to follow such directions, Medical advice or guidance will prejudice the claim.  
3. The Insured Person must submit to medical examination by Our Medical Practitioner or our authorized representative in case requested by Us and at Our cost, as often as We consider reasonable and necessary, and We/Our representatives must be permitted to inspect the medical and hospitalisation records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.  
4. We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim.

**2. Notification of claim**

Upon the happening of any event which may give rise to a claim under this Policy, the insured person/insured person's representative shall notify the TPA (if claim is processed by TPA)/company (if claim is processed by the company) in writing providing all relevant information relating to claim including plan of treatment, policy number etc. within the prescribed time limit as under:  
i. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier  
ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

**3. Procedure for Cashless claims**

1. Cashless facility for treatment in network hospitals only shall be available to insured if opted for claim processing by TPA.  
2. Treatment may be taken in a network provider/PPN hospital and is subject to pre-authorization by the TPA. Booklet containing list of network provider/PPN hospitals shall be provided by the TPA. Updated list of network provider/PPN is available on website of the company (<https://unic.com/en/tpa-ppn-network-hospitals>) and the TPA mentioned in the schedule.  
3. Call the TPA's toll free phone number provided on the health ID card for intimation of claim and related assistance. Inform the ID number for easy reference.  
4. On admission in the network provider/PPN hospital, produce the ID card issued by the TPA at the Hospital Insurance-desk. Cashless request form available with the network provider/PPN and TPA shall be completed and sent to the TPA for pre-authorization.  
5. The TPA upon getting cashless request form and related medical information from the insured person/ network provider/PPN shall issue pre-authorization letter to the hospital after verification.  
6. Once the request for pre-authorization has been granted, the treatment must take place within 15 days of the pre-authorization date at a Network Provider and pre-authorization shall be valid only if all the details of the authorized treatment

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including dates, Hospital and locations, match with the details of the actual treatment received. For Hospitalization where Cashless Facility is pre-authorized by Us or the associated TPA, We will make the payment of the amounts assessed directly to the Network Provider.  
7. In the event of any change in the diagnosis, plan of Treatment, cost of Treatment during Hospitalization to the Insured Person, the Network Provider shall obtain a fresh authorization letter from Us in accordance with the process described under 7.1 above.  
8. At the time of discharge, the insured person shall verify and sign the discharge papers and final bill and pay for non-medical and non-admissible expenses.

**Note (Applicable to V.C.):** Cashless facility for Hospitalization expenses shall be limited exclusively to Medical Expenses incurred for treatment undertaken in a Network Provider/ PPN hospital for illness or Injury / Accident/ Critical illness as the same may be which are covered under the Policy. For all cashless authorizations, the Insured Person will, in any event, be required to settle all non-admissible expenses, expenses above specified Sub-limits (if applicable), Co-Payments and / or unpaid Deductible (Per claim, Aggregate/ Corporate) (if applicable), directly with the Hospital.  
9. The TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details. Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person may get the treatment as per treating doctor's advice and submit the claim documents to the TPA for possible reimbursement.  
10. In case of admission in PPN hospitals, duly filled and signed PPN declaration format available with the hospital must be submitted.  
11. Claims for Pre and Post-Hospitalisation will be settled on a reimbursement basis on production of cash receipts alongwith supporting documents.

**4. Procedure for reimbursement of claims**

In non-network hospitals payment must be made up-front and for reimbursement of claims the insured person may submit the necessary documents to TPA (if claim is processed by TPA)/company (if claim is processed by the company) within the prescribed time limit.

**Documents**

- i. The claim is to be supported with the following original documents and submitted within the prescribed time limit.
  - 1. Daily completed claim form;
  - 2. Photo ID and Age proof;
  - 3. Health Card, policy copy, photo ID, KYC documents;
  - 4. Attending medical practitioner's /surgeon's certificate regarding diagnosis/ nature of operation performed, along with date of diagnosis, investigation test reports etc. supported by the prescription from attending medical practitioner.
  - 5. Original discharge card/ day care summary / transfer / all original deposit and final payment receipt;
  - 6. Original final hospital bill with detailed break-up of charges for all original implants used during Surgery; invoice in Cataract Surgery, stent invoice and sticker in Angioplasty Surgery;
  - 7. All previous consultation papers indicating history and treatment details for current ailment;
  - 8. All original diagnostic reports (including imaging and laboratory) along with Medical Practitioner's prescription and invoice / bill with receipt from diagnostic center;
  - 9. All original medicine / pharmacy bills along with the Medical Practitioner's prescription;
  - 10. MLC / FIR copy - in Accidental cases only;
  - 11. Pre and post-operative imaging reports;
  - 12. Copy of indoor case papers with nursing sheet detailing medical history of the Insured Person, treatment details and the insured Person's progress;
  - 13. KYC documents;
  - 14. Cheque copy with name of proposer printed on the cheque leaf or copy of the first page of the bank passbook or the bank statement not later than 3 months.

**Note**

In the event of a claim lodged as per Settlement under multiple policies clause and the original documents having been submitted to the other insurer, the company may accept the duly certified documents listed under condition VI 5.1 and claim settlement advice duly certified by the other insurer subject to satisfaction of the company.

Type of claim	Time limit for submission of documents to Company/TPA
Where Cashless Facility has been authorized	Immediately after discharge.
Reimbursement of hospitalization and pre hospitalisation expenses (limited to 30 days)	Within 15 (fifteen) days of date of discharge from hospital
Reimbursement of post hospitalization expenses (limited to 60 days)	Within 15 (fifteen) days from completion of post hospitalisation treatment

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

The Insured Person shall also give the TPA / Company such additional information and assistance as the TPA / Company may require in dealing with the claim including an authorisation to obtain Medical and other records from the hospital, lab, etc.

**4. All the documents submitted to TPA shall be electronically collected by Us for settlement and denial of the claims by the appropriate authority.**

**5. Validity of Claim Documents**

Validity of claim form and the accompanying documents. Any deficiency in the documents shall be notified by Us within 30 days of the date of submission of documents.



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intimated to the Insured Person/ Network Provider as the case may be.  
 If the deficiency in the necessary claim documents is not met or is partially met in 10 working days of the first intimation, We will send a maximum of 3 (three) reminders. We may, at Our sole discretion, decide to deduct the amount of claim for which deficiency is intimated to the Insured Person and settle the claim if we observe that such a claim is otherwise valid under the Policy.  
 b. In case a reimbursement claim is received when a pre-authorization letter has been issued, before approving such a claim, a check will be made with the Network Provider whether the pre-authorization has been utilized as well as whether the Insured Person has settled all the dues with the Network Provider. Once such check and declaration is received from the Network Provider, the case will be processed.  
 c. The Pre-hospitalization Medical Expenses Cover claim and Post-Hospitalization Medical Expenses Cover claim shall be processed only after decision of the main Hospitalization claim.

**7. Claim Assessment**

We will pay the fixed or indemnity amount as specified in the applicable Base or Optional Cover in accordance with the terms of this Policy.  
 We will assess all admissible claims under the Policy in the following progressive order:

1. Application of Proportionate clause as per Note 1 of clause III.1.
2. Co-pay as applicable.
3. Limit/ Sub Limit on Medical Expenses are applicable as specified in the Policy Schedule/ Certificate of Insurance
4. Opened Deductible (Per claim/ Aggregate)

**Claim Assessment for Benefit Plans:**  
 We will pay fixed benefit amounts as specified in the Policy Schedule/ Certificate of Insurance in accordance with the terms of this Policy. We are not liable to make any reimbursements of Medical Expenses or pay any other amounts not specified in the Policy.

**8. Claim Rejection/ Repudiation**

If the company, for any reasons, decides to reject a claim under the policy, we shall communicate to the insured person in writing explicitly mentioning the grounds for rejection/repudiation and within a period of 30 (thirty) days from the receipt of the final document(s) or investigation report (if any), as the case may be. Where a rejection is communicated by us, the Insured Person may, if so desired, within 15 days from the date of receipt of the claims decision represent to us for reconsideration of the decision.

**9. Claim Payment Terms**

i. We shall have no liability to make payment of a claim under the Policy in respect of an Insured Person once the Sum Insured for that Insured Person is exhausted.  
 All claims will be payable in India and in Indian rupees.  
 ii. We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person could have reasonably minimized the costs incurred, or that is brought about or contributed to by the Insured Person by failing to follow the directions, Medical Advice or guidance provided by a Medical Practitioner.  
 iii. The Sum Insured opted under the Policy shall be reduced by the amount payable / paid under the Policy terms and conditions and any optional covers applicable under the Policy and only the balance shall be available as the Sum Insured for the unexpired Policy period.

iv. If the Insured Person suffers a relapse within 45 days from the date of discharge from the Hospital for which a claim has been made, then such relapse shall be deemed to be part of the same claim and all the limits for "Any one illness" under this Policy shall be applied as if they were under a single claim.  
 v. For Cashless claims, the payment shall be made to the Network Provider whose discharge would be complete and final.  
 vi. For Reimbursement claims, the payment shall be made to the Insured Person. In the unfortunate event of the Insured Person's death, we will pay the Nominee (as named in the Policy Schedule/ Certificate of Insurance) and in case of no Nominee, to the legal heir who holds a succession certificate or indemnity bond to that effect, whichever is available and whose discharge shall be treated as final and final discharge of Our liability under the Policy.

**10. Services offered by TPA (To be stated where TPA is involved)**

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of pre-authorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.  
 The services offered by a TPA shall not include:  
 a) Claim settlement and rejection;  
 b) Any services directly to any Insured Person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

**11. Payment of Claim**

All claims under the policy shall be payable in Indian currency only.

**Claim Process for Optional Covers**

**1. Claim Intimation**  
 In addition to the claim intimation process set out in the Base Cover, the following conditions apply in relation to the respective Options. Upon the discovery or occurrence of an Accident/ Critical Illness or any other contingency that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the Insured Person or the Nominee, as the case may be, must notify US/ Our TPA either at the call centre or in writing and shall undertake the following:  
 In the case of Accidental Death Benefit (ADB), Critical Illness (if applicable) - The Insured Person or the Nominee, as the case may be, shall notify US either at the call centre or in writing, within 10 days from the date of occurrence of such Accident/diagnosis of a Critical Illness.

**2. Reimbursement Process**

In addition to the documents mentioned in the Base Cover claim reimbursement process, the following additional documents will be required for reimbursement claim for the respective Options.

**Optional Cover**

**Additional Documents Required**

POLICY NO.: 1514002822P112982514  
 UIN NO. UIIHLGP20043V011920

Immediately after discharge.  
 The Insured Person may submit the following documents for reimbursement of the claim to our policy issuing office at his/her own expense ninety (90) days from the date of first diagnosis of the illness/ date of Surgical Procedure or date of occurrence of the medical event, as the case may be. Medical certificate confirming the diagnosis of Critical Illness. Discharge certificate/ card from the Hospital, if any. Investigation letter and reports confirming the diagnosis. First consultation letter and subsequent prescriptions. Indoor case papers, if applicable. Specific documents listed under the respective Critical Illness. Any other documents as may be required by us. In those cases, where Critical Illness arises due to an Accident, a copy of the FIR or medico legal certificate will be required, wherever conducted.

**Critical Illness – Benefit Cover**

The Insured Person shall avail these benefits as defined in Policy TBC if opted for.

**Submission of claim**

Invoices, treating Medical Practitioner's prescription, reports, duly signed by Insured Person as the case may be, to the TPA Head Office

**Out-Patient Cover**

**Assessment of claim documents**  
 We shall assess the claim documents and ascertain the admissibility of claim.  
**Settlement & Repudiation of a claim**  
 We shall settle claims, including its rejection, within 30 days of the receipt of the last 'necessity' document.  
 The Insured Person shall avail these Benefits as defined below, if opted for.

**Submission of claim**

The Insured Person can send the claim form provided along with the invoices, treating Medical Practitioner's prescription, reports, duly signed by the Insured Person as the case may be, to Our branch office or head office.

**Assessment of claim documents**

We shall assess the claim documents and ascertain the admissibility of claim.  
**Settlement & Repudiation of a claim**  
 We shall settle claims, including its rejection, within 30 days of the receipt of the last 'necessity' document.  
 The Insured Person shall avail these Benefits as defined below, if opted for.

**Dental Expenses Cover & Vision Expenses Cover**

We shall settle claims, including its rejection, within 30 days of the receipt of the last 'necessary' document.  
 In respect of Orthodontic Treatment claims for Dependent Children below 18 years, pre-authorization is a must.  
 For claims in respect of Orthodontic Treatment towards Dependent Children below 18 years, the Employee/ Member or Dependent must send the following information prepared by the Dentist who is to carry out the proposed Treatment to Us before Treatment starts, so that We can confirm the Benefit that will be payable:  
 • Full description of the proposed Treatment;  
 • X-rays and study models;  
 • An estimate of the cost of the Treatment.  
 Any Benefit will be payable only if We have authorised the cover before Treatment starts.

**Refractive Error, Correction Expenses Cover**

Prescription from Specialist Medical Practitioner specifying the refractive error and medical necessity of the Treatment.

**Home Nursing Charges Cover**

Prescription from registered nursing service provider.

**Air Ambulance Cover**

An ambulance ticket for registered service provider.  
 In the event of an Insured Person requiring Emergency evacuation and repatriation, the Insured Person must notify Us immediately either at Our call centre or in writing.  
 Our team of Specialists in association with the Emergency assistance service provider shall determine the medical necessity of such Emergency evacuation or repatriation post which the same will be approved.

**Emergency Evacuation Cover**

Prescriptions of treating Specialist for support items and original invoice of actual Medical Expenses incurred.  
 Certificate by qualified medical surgeons indicating the medical necessity of the procedure.

**Medical Equipment Cover**

Medical Equipment Cover

**High-end Treatment Cover**

High-end Treatment Cover







POLICY NO.: 1514002822P12982514  
 UIN NO. UITHLGP20043V011920

52	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES	Payable in post hospitalisation
53	SUGAR FREE TABLETS	Payable - Sugar free variants of admissible medicines are not excluded
54	CREAMS POWDERS LOTIONS (Toiletries are not payable only prescribed medical pharmaceuticals payable)	Payable when prescribed
55	ECG ELECTRODES	Up to 5 electrodes are required for every case visiting OT or ICU for longer stay in ICU, may require a change and at least one set every second day is payable.

POLICY NO.: 1514002822P12982514  
 UIN NO. UITHLGP20043V011920

56	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
57	NEBULISATION KIT	Payable reasonably if used during hospitalisation
58	ANY KIT WITH NO DETAILS MENTIONED (DELIVERY KIT ORTHOKIT, RECOVERY KIT, ETC)	Not Payable
59	KIDNEY TRAY	Not Payable
60	MASK	Not Payable
61	JUICE GLASS	Not Payable
62	OXYGEN MASK	Not Payable
63	PELVIC TRACTION BELT	Payable in case of PVD requiring traction
64	PAIN CANN	Not Payable
65	TROLLEY COVER	Not Payable
66	BROMETER, URINE JUG	Not Payable
67	AMBULANCE	Payable
68	VASOPLEX SAFETY	Payable - maximum of 3 in all hrs and 1000 L in 24 hrs

List J - Items that are to be submitted into form charges

Item No	Item	Charges (Indicated)	Unit	Item No	Item	Charges (Indicated)	Unit
1	SHAVE			31	SHIRT		
2	SHOES			32	SHIRT		
3	SHOE COVER			33	SHIRT		
4	SAP			34	SHIRT		
5	SHAVE CHARGES			35	SHIRT		
6	SHIRT			36	SHIRT		
7	SHIRT			37	SHIRT		
8	SHIRT			38	SHIRT		
9	SHIRT			39	SHIRT		
10	SHIRT			40	SHIRT		
11	SHIRT			41	SHIRT		
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13	SHIRT			43	SHIRT		
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69	SHIRT			99	SHIRT		
70	SHIRT			100	SHIRT		







POLICY NO: 1EJ-0002822PII2962514

UIN NO. UZINIGP20043V011920

Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.5, 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555. Email: [bimalokpal.pune@oiccoi.co.in](mailto:bimalokpal.pune@oiccoi.co.in)

The updated details of Insurance Ombudsman are also available at:

- IRDAI website: <https://www.irdai.gov.in/>
- General Insurance Council website: <https://gic.co.in/>
- Our Company Website: <https://uic.co.in/>
- From any of the offices of our Company.



# VISHNU SCHOOL-BHIMAVARAM

VDC

STAFF CHILDREN FEE CONCESSION-FY-2023-24

Dr:31.10.2023

S.No.	ACCOUNT CODE	NAME	ADMN TYPE	Class	SEC	%	LESS Concession Amount	Name of Staff	Study Status
1	VSB-2021-2804	BEJOY BANDELA	REGULAR	II	A	25%	7375	PANDIT VINODH	Study
2	VSB-2022-3247	MADDULA JAYA SREE	REGULAR	II	B	25%	7375	M.SUGUNAKAR-VDC (Physiology)	Study
3	VSB-2022-3254	MUDUNURI ASHOK VARMA	REGULAR	II	B	25%	7375	M.SATYA PRIYA (NURSE)	Study
4	VSB-2018-2269	AARYAN C DURGALE	REGULAR	IV	A	25%	8250	(Mother -Staff: Dr.Birajdar Smita Shrishaal-VDC)R.CHANDRA KANTH	Study
5	VSB-2021-2803	EVANREJOY BANDELA	REGULAR	IV	A	25%	8250	PANDIT VINODH	Study
6	VSB-2021-2954	PAYYAVULA ANJANI RAM	REGULAR	IV	B	25%	8250	Mother Staff: N CHANDANA W/o Dr.P.Kishore Kumar	Study
7	VSB-2017-2040	EMMANI VEDA	REGULAR	V	A	25%	8750	JYOTHIRMAJI-VDC JAYA RAM PRASAD CHOWDARY	Study
8	VSB-2016-1988	MANTENA NAGA VARSHINI	REGULAR	VI	A	25%	9250	M N V S RAVIKUMAR RAJU	Study
9	VSB-2015-1760	BETHAPUDI CHINMAYI	REGULAR	VI	B	25%	9250	B.MAHA LAKSHMANA RAO	Study
10	VSB-2021-2939	MUDUNURI DEVISRI	REGULAR	VI	C	25%	9250	M ANITHA (NURSE)	Study
11	VSB-2015-1675	PERICHERLA LAKSHMI SAHASRA	REGULAR	VII	B	25%	9375	LAKSHMI PRASANNA (Mother: Staff) VENKATA RAMANA RAJU	Study
12	VSB-2021-2955	PAYYAVULA AKSHAYA	REGULAR	VII	C	25%	9375	Mother Staff: N CHANDANA W/o Dr.P.Kishore Kumar	Study
13	VSB-2021-2791	M Y S P VISHNU SAHASRA	REGULAR	IX	A	25%	10375	M VIJAYA LAKSHMI (MOTHER)- RECEPTIONIST	Study
14	VSB-2022-3043	MANTENA SURYA SAI VARMA	REGULAR	IX	B	25%	10375	Mother : M.LALITHA	Study
15	VSB-2010-11	MANTHENA PRAGNA SAI SRI	REGULAR	XII	-	25%	12125	M N V S RAVI KUMAR RAJU	Study
		<b>TOTAL</b>					<b>135000</b>		Study



*Handwritten signature/initials*

**PRINCIPAL**

*Handwritten signature of the Principal*

VISHNU SCHOOL (E.M.)  
Vishnupur, Kovvada,  
BHIMAVARAM-534 202. W.G.Dr.A.P