



UNITED INDIA INSURANCE COMPANY LIMITED

IBA CELL, VULCAN INSURANCE BUILDING,
GROUND FLOOR, 77, V.N.ROAD, CHURCHGATE MUMBAI-400 020.

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UIN No.: IRDA/NL-HLT/UII/P-H/V.I/236/13-14



GROUP HEALTH (SUPER TOPUP POLICY – IBA RETIREES) POLICY

POLICY NO: 5001002817P112914149

PERIOD OF INSURANCE

From 00.00 hrs of 01/11/2017

To midnight of 31/10/2018

INSURED

INDIAN BANK'S ASSOCIATION

A/C: VIJAYA BANK

41/2, TRINITY CIRCLE, M.G. ROAD,

BANGALORE

KARNATAKA

560001

PART - I
POLICY SCHEDULE - RETIREES

Name of The Insured	INDIAN BANK'S ASSOCIATION A/C VIJAYA BANK
Address of The Insured	41/2, TRINITY CIRCLE, M.G. ROAD, BANGALORE KARNATAKA-560001
Insured Person Details	Retired/Resigned Employees and/or their Widow/ Widower of VIJAYA BANK as per schedule attached.
Issue Office Code	LCB Mumbai (500100)
Agent / Broker details	K. M. Dastur Reinsurance Brokers Pvt. Ltd.
Period of Insurance	From 00.00 hrs of 01/11/2017 To midnight of 31/10/2018
Gross Premium	Net Premium : RS.8,491,475/- GST : RS.1,528,466/- Total : RS.10,019,941/-
Co- Insurance Details	United India Insurance Co Ltd. 100 % TOTAL 100%
Policy Servicing TPA	Medi Assist India TPA Pvt. Ltd.
Sum Insured for Group Medclaim on Family Floater basis	Retired Officers : INR 5,00,000/- Retired Clerks : INR 4,00,000/- Retired Subordinate-staff : INR 4,00,000/-
NUMBER OF FAMILIES SUM INSURED, CATEGORY FOR GROUP HEALTH (SUPER TOPUP POLICY – IBA RETIREES) POLICY	

CATEGORY	Threshold Limit	SUM INSURED	NO OF FAMILIES	TOTAL PREMIUM IN RS. (without GST)	PREMIUM PER FAMILY IN RS. (without GST)
Retired Officers	INR 4,00,000/-	INR 5,00,000/-	1,943	INR 6,266,175	INR 3,225/-
Retired AWARD STAFF	INR 3,00,000/-	INR 4,00,000/-	748	INR 2,225,300	INR 2,975/-
TOTAL			2,691	INR 8,491,475/-	
Family Definition				Retired/Resigned Employee + Spouse only. OR Widow/Widower	
Additional Conditions				<p>The following conditions are applicable under the policy:</p> <ol style="list-style-type: none"> 1) Policy will be subject to terms and conditions of PART – II of GROUP HEALTH (SUPER TOPUP POLICY – IBA RETIREES) POLICY attached herewith. 2) The Super Topup Policy will trigger only as per the basis of payment stated in the PART – II of GROUP HEALTH (SUPER TOPUP POLICY – IBA RETIREES) POLICY attached herewith. 3) For critical illness, Hospitalization medical expenses alone is payable. No lump sum fixed benefit is payable. 4) No expenses related to domiciliary/OPD treatment is payable. 5) No expenses related to maternity is payable. No day one cover available for new born child. 6) No corporate buffer is available. 7) Existing retirees are allowed to join the scheme only up to 30th 	

November 2017 on payment of full premium through their respective banks. Thereafter only regular retirees are allowed to join the scheme immediately after the retirement on payment of pro-rata premium.

8) After commencement of the policy if any retiree who opts out of the scheme cannot re-join the scheme.

9) At the time of renewal in case any insured person under this policy opts not to be included for the renewal, then he/she will not be allowed to join the scheme on subsequent renewals.

The logo for United India is a large light blue circle. Inside the circle, there are stylized white geometric shapes that resemble a map of India or a similar abstract design. The text "युनाइटेड इंडिया" is written in white Devanagari script, and "UNITED INDIA" is written in white capital letters below it.

युनाइटेड इंडिया
UNITED INDIA

Net Premium	RS.8,491,475/-
GST Stamp Duty	RS.1,528,466/- Re. 1.00
Total	RS.10,019,941/-
Collection No.	10150010017113126438
Collection Date	11/12/2017
GST NO.	27AAACU5552C1ZJ
INVOICE NO. & DATE	2817I112914149 & 11/12/2017
Broker code	BRC0000007

Date of Proposal and Declaration:01/11/2017

IN WITNESS WHEREOF, the undersigned being duly authorized has hereunto set His/her hand at MUMBAI-20 on this 01/11/2017.

For and on behalf of
UNITED INDIA INSURANCE CO.LTD.




“Consolidated Stamp Duty paid vide Government Notification no. Mudrank-2004/4125/C.R. 690/M-1 dated 31.12.2004. No separate stamp is required to be affixed on this document.”

Duly Constituted Attorney (s)

शुद्ध
UNITED INDIA

PART – II**GROUP HEALTH (SUPER TOPUP POLICY – IBA RETIREES) POLICY**

1 . WHEREAS the insured designated in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule (which shall be the basis of this Contract and is deemed to be incorporated herein) has applied to UNITED INDIA INSURANCE COMPANY (hereinafter called the COMPANY) for the insurance hereinafter set forth in respect of person(s) named in the Schedule hereto (hereinafter called the INSURED PERSON) and has paid premium as consideration for such insurance.

1.1 NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed hereon the Company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal, any insured person contracts any disease or suffers from any illness (hereinafter called DISEASE) or sustains any bodily injury through accident (hereinafter called INJURY) and if such disease or injury requires any such insured Person, upon the advice of a duly qualified Physician/Medical Specialist/Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalisation expenses for medical/surgical treatment at any Nursing Home/Hospital/Day Care Centre in India as herein defined (hereinafter called HOSPITAL) as an inpatient, the Company will pay through Third Party Administrator (hereinafter called TPA) to the Hospital / Nursing Home or the Insured Person the amount of such expenses specified under Covered Expenses incurred as are Medically necessary and reasonable and customary in respect thereof by or on behalf of such Insured Person subject to Basis of Payment Clause but not exceeding the Sum Insured in aggregate in any one period of insurance stated in the schedule hereto.

2. BASIS OF PAYMENT

2.1 Any claim under this policy shall be payable by the Company only if

- a. it is in respect of Covered Expenses specified in this Policy and
- b. the aggregate of Covered Expenses in respect of hospitalisation/s of insured person in case of Individual Policy or all insured persons in case of Family Policy exceeds the Threshold Level and
- c. all limits of reimbursement under any other Health Insurance Policy/Reimbursement Scheme available to the insured person/s have been exhausted.

- 2.2 The claim payable under this Policy will be the amount by which the aggregate of such Covered Expenses in respect of hospitalisations with dates of admission falling within the policy period exceeds the higher of the following :
- i. the Threshold Level opted for the insured person/family as applicable and stated in the schedule or
 - ii. the amount received/receivable under any/all Health Insurance Policies (whether or not issued by the Company)/ Reimbursement Scheme and including any amount paid earlier under this policy covering the Insured person/family as applicable for such Covered Expenses.
 - iii. Each claim, if more than one, during the period of this policy shall be separately subject to the above Basis of Payment.
 - iv. In no case shall the Company be liable to pay any sum in excess of the Sum Insured in aggregate of all claims during the period of this Policy.

3. COVERAGES:

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

- A) The condition of the patient is such that he/she is not in a condition to be removed to a hospital or
- B) The patient takes treatment at home on account of non-availability of room in a hospital.

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

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

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

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

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

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

3.4 ALTERNATIVE THERAPY

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

3.5 AMBULANCE CHARGES

Ambulance charges are payable up to Rs 2500/- per trip to hospital and / or transfer to another hospital or transfer from hospital to home if medically advised. Ambulance charges actually

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

3.6 PRE-EXISTING DISEASES / AILMENTS

Pre-existing diseases are covered under the scheme.

3.7 CONGENITAL ANOMALIES

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

3.8 PSYCHIATRIC DISEASES

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

3.9 ADVANCED MEDICAL TREATMENT

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

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

3.11 TAXES AND OTHER CHARGES

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

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

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

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

- 3.15 Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer (including Glucose Test Strips)/ Nebulizer/ prosthetic devise/ Thermometer, alpha / water bed and similar related items etc., will be covered under the scheme.
- 3.16 PHYSIOTHERAPY CHARGES: Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home. All claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule and Corporate Buffer if allocated.

4. EXCLUSIONS:

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

- 4.1 Injury / disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not).
- 4.2 A) Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
B) Vaccination or inoculation.
C) Change of life or cosmetic or aesthetic treatment of any description is not covered.
D) Plastic surgery other than as may be necessitated due to an accident or as part of any illness.
- 4.3 Cost of spectacles and contact lenses, hearing aids. Other than Intra-Ocular Lenses and Cochlear Implant.
- 4.4 Dental treatment or surgery of any kind which are done in a dental clinic and those that are cosmetic in nature.
- 4.5 Convalescence, rest cure, Obesity treatment and its complications including morbid obesity, treatment relating disorders, Venereal disease, intentional self-injury and use of intoxication drugs / alcohol.
- 4.6 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- 4.7 Charges incurred at Hospital or Nursing Home primarily for diagnosis x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home, unless recommended by the attending doctor.
- 4.8 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician

- 4.9 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.
- 4.10 All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, /barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses, unless and otherwise they are necessitated during the course of treatment.
- 4.11 Attempted suicide, critical illness before the commencement of the policy, war, invasion, nuclear radiation are not covered.

5. CONDITIONS:

- 5.1 CONTRACT: the proposal form, declaration, and the policy issued shall constitute the complete contract of insurance.
- 5.2 Every notice or communication regarding hospitalization or claim to be given or made under this Policy shall be communicated to the office of the Bank, dealing with Medical Claims, and/or the THIRD PARTY ADMINISTRATOR office as shown in the Schedule. Other matters relating to the policy may be communicated to the policy issuing office.
- 5.3 The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the Company.
- 5.4 Notice of Communication: Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the Bank or Regional Office or THIRD PARTY ADMINISTRATOR named in the schedule at the earliest in case of emergency hospitalization within 7 days from the time of Hospitalization/Domiciliary Hospitalization .
- 5.5 All supporting documents relating to the claim must be filed with the office of the Bank dealing with the claims or THIRD PARTY ADMINISTRATOR within 30 days from the date of discharge from the hospital. In case of post-hospitalization, treatment (limited to 90 days), (as mentioned in para 2.32) all claim documents should be submitted within 30 days after completion of such treatment.

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

- 5.6 The Insured Person shall obtain and furnish to the office of the Bank dealing with the claims / THIRD PARTY ADMINISTRATOR with all original bills, receipts and other documents upon

which a claim is based and shall also give such additional information and assistance as the Bank through the THIRD PARTY ADMINISTRATOR/Company may require in dealing with the claim.

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

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

5.9 DISCLOSURE TO INFORMATION NORM

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

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

5.11 In case of rejection of claims it would go through a Committee set up of the Bank, Third Party Administrator and United India Insurance Co Ltd. unless rejected by the committee in real time the claim should not be rejected.

5.12 The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. The Company shall not be bound to give notice that such renewal premium is due, provided however that if the insured shall apply for renewal and remit the requisite premium before the expiry of this policy, renewal shall not normally be refused, unless the Company has reasonable justification to do so.

5.13 ENHANCEMENT OF SUM INSURED

No enhancement of sum insured after commencement of policy.

5.14 CANCELLATION CLAUSE:

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

<u>PERIOD ON RISK</u>	<u>RATE OF PREMIUM TO BE CHARGED</u>
Upto one month	1/4 th of the annual rate
Upto three months	1/2 of the annual rate

Upto six months	3/4th of the annual rate
Exceeding six months	Full annual rate.

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

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

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

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

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

- 5.18 Low Claim Ratio Discount (Bonus)

Low claim ratio discount at the following scale will be allowed on the total premium at renewal only depending upon the incurred claim ratio for the entire group insured under the Group Medclaim Insurance Policy for the preceding 3 completed years excluding the year immediately preceding the date of renewal where the Group Medclaim Insurance Policy has not been in force for 3 completed years, such shorter period of completed years excluding the year immediately preceding the date of renewal will be taken in to account

Incurred Claim ration under the group policy	Discount %
Not Exceeding 60%	5% discount
Not Exceeding 50%	15% discount
Not Exceeding 40%	25% discount
Not Exceeding 30%	35% discount
Not Exceeding 25%	40% discount

5.19 High Claims Ration Loading (MALUS)

The total premium payable at renewal of the Group Policy will be loaded at the following scale depending upon the incurred claims ratio for the entire group insured under the Group Mediclaim Insurance Policy for the preceding year (immediately preceding the date of renewal).

Incurred Claim ration under the group policy	Loading %
Between 70% and 100%	25% Loading
Between 101% and 125%	55% Loading
Between 126% and 150%	90% Loading
Between 151% and 175%	120% Loading
Between 176% and 200%	150% Loading
Over 200%	Cover to be reviewed

Note:

1. Low Claim Ratio Discount (Bonus) or High Claim Ratio Loading (Malus) will be applicable to the premium at renewal of the policy depending on the incurred claims ratio for the entire group insured.
2. Incurred claim would mean claims paid plus claims outstanding in respect of the entire group insured under the policy during the relevant period.

The insured shall throughout the period of insurance keep and maintain a proper record of register containing the names of all the insured persons and other relevant details as are normally kept in any institution/ Organisation. The insured shall declare to the company any additions in the number of insured persons as and when arising during the period of insurance and shall pay the additional premium as agreed.

6. IRDAI REGULATIONS:

This Policy is subject to IRDAI (Health Insurance) Regulations 2016 and IRDAI Protection Policyholders' Interest) Regulations 2002 as amended from time to time.

7. GRIEVANCE REDRESSAL:

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

8. IMPORTANT NOTICE

The Company may revise any of the terms, conditions and exceptions of this insurance including the premium payable on renewal in accordance with the guidelines/rules framed by the Insurance Regulatory and Development Authority (IRDA) and after obtaining prior

approval from the Authority. We shall notify you of such changes at least three months before the revision are to take effect.

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

