

**INDIVIDUAL HEALTH INSURANCE POLICY****CUSTOMER INFORMATION SHEET (CIS)****Guide to the CIS**

- This document provides key information about your Individual Health Insurance Policy. You are also advised to go through your policy document.

(Description is illustrative and not exhaustive)

S. No	Title	Description	Policy Clause No
1	Name of Insurance Policy	Individual Health Insurance Policy	-
2	Policy Number	{}	-
3	Type of Insurance Policy	Indemnity Policy	
4	Sum Insured Basis Sum Insured	{} {}	II.B.16
5	Policy Coverage (What the Policy Covers?)	<b>Base Covers</b> <b>1. In-Patient Hospitalisation Expenses</b> i. Covers hospitalisation expenses for a minimum period of 24 hours. These include expenses for Room Rent, ICU/ICCU and other associated medical expenses. ii. All Day Care Treatments are covered iii. Covers hospitalization expenses for an Organ Donor's treatment for the harvesting of Organ which is donated to the Insured	III.A.1



6	Exclusions (What the hospital doesn't cover)	<p><b>2. Pre-Hospitalisation and Post-Hospitalisation Expenses</b> Covers expenses incurred in the 30 days prior to hospitalisation and in the 60 days post hospitalisation subject to a maximum of 10% of SI for Pre &amp; Post combined. (this sub-limit is only for Gold &amp; Senior Citizen plans).</p> <p><b>3. Domiciliary Treatment</b> Covers expenses incurred for availing treatment at home which would otherwise require hospitalization</p> <p><b>4. Road Ambulance</b> Covers expenses incurred on transportation of the Insured Person by Road Ambulance to a Hospital for treatment in an Emergency upto Rs. 2,500 per policy period</p> <p><b>5. Modern Treatment Methods &amp; Advancement in Technologies</b> Covers expenses for advanced medical procedures such as Robotic Surgeries, Oral Chemotherapy, Deep Brain Stimulation Bronchial Thermoplasty, Stereotactic Radio Surgeries, etc.</p> <p><b>6. Cost of Health Check-Up</b> Insured Person is entitled to a health check-up for a block of every three claim-free years</p> <p><b><u>OPTIONAL COVERS</u></b></p> <p><b>1. Daily Cash Allowance on Hospitalization</b> A cash amount will be paid daily to the Insured Person for every continuous and completed period of 24 hours of Hospitalisation. Daily cash benefit amount varies based on Sum Insured opted.</p> <p><b>The following is a partial list. Please refer to Policy Wordings for the complete list of exclusions</b></p> <p>1. Admission primarily for investigation &amp; evaluation (Code – Excl04)</p> <p>2. Admission primarily for rest cure, rehabilitation, and respite care (Code – Excl05)</p> <p>3. Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres. (Code – Excl15)</p> <p>4. Any expenses incurred on Out-patient treatment (OPD treatment)</p> <p>5. Congenital External Diseases or Defects or anomalies</p>	<p>III.A.2</p> <p>III.A.3</p> <p>III.A.4</p> <p>III.A.5</p> <p>III.A.6</p> <p>III.B.1</p> <p>IV.B.4</p> <p>IV.B.5</p> <p>IV.B.15</p> <p>IV.C.3</p> <p>IV.C.8</p>
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		<p>6. Cost of hearing aids; including optometric therapy</p> <p>7. Dental treatment or surgery of any kind unless necessitated by disease or accident and requiring hospitalisation</p> <p>8. Intentional self-inflicted Injury or attempted suicide</p> <p>9. Routine eye-examination expenses, cost of spectacles, contact lenses</p> <p>10. Vaccination or inoculation of any kind unless it is post animal bite.</p>	<p>IV.C.9</p> <p>IV.C.11</p> <p>IV.C.12</p> <p>IV.C.13</p> <p>IV.C.18</p>
7	Waiting Period	<p><b>Initial Waiting Period:</b> 30 days for all illness (not applicable on renewal or for accidents)</p> <p><b>Specific Waiting Periods</b></p> <p>1. 24 months for certain specified diseases/procedures/treatments</p> <p>2. 48 months for certain specified diseases/procedures/treatments</p> <p><b>Pre-Existing Diseases:</b> Covered after forty-eight (48) months of continuous coverage</p> <p><b>(Note: the above waiting periods are applicable only for Gold &amp; Senior Citizen plans)</b></p>	<p>IV.A.3</p> <p>IV.A.2 Table A</p> <p>IV.A.2 Table B</p> <p>IV.A</p>
8	Financial Limits of Coverage:  i. Sub-Limits	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p><b>1. Cataract (only for Gold &amp; Senior Citizen Plan):</b> 25% of Sum Insured subject to a maximum of Rs. 40,000 per eye</p> <p><b>2. Hernia &amp; Hysterectomy (only for Gold &amp; Senior Citizen Plan):</b> 25% of Sum Insured subject to a maximum of Rs. 1,00,000 per surgery/hospitalization</p> <p><b>3. Major Surgeries (only for Gold &amp; Senior Citizen Plan):</b> up to 70% of the Sum Insured for surgeries including Cardiac Surgeries; Brain Tumour Surgeries; Pace Maker Implantation for Sick Sinus Syndrome; Cancer Surgeries; Hip, Knee, Joint Replacement Surgery; Organ Transplant.</p>	<p>III.A.1.2</p> <p>III.A. 1.2</p> <p>III.A. 1.2</p>



	<p>ii. Co-payment</p> <p>iii. Deductible</p> <p>iv. Any Other Limit</p>	<p><b>4. Pre-Post Hospitalization Expenses combined(only for Gold &amp; Senior Citizen Plan):</b> 10% of S.I</p> <p><b>5. Domiciliary Hospitalization:</b></p> <table border="1" data-bbox="424 412 1217 1205"> <thead> <tr> <th>Sum Insured (in Rs.)</th> <th>Annual Limit (in Rs.)</th> </tr> </thead> <tbody> <tr><td>50,000</td><td>10,000</td></tr> <tr><td>75,000</td><td>15,000</td></tr> <tr><td>100,000</td><td>20,000</td></tr> <tr><td>125,000</td><td>23,750</td></tr> <tr><td>150,000</td><td>27,250</td></tr> <tr><td>175,000</td><td>31,250</td></tr> <tr><td>200,000</td><td>35,000</td></tr> <tr><td>225,000</td><td>37,500</td></tr> <tr><td>250,000</td><td>40,000</td></tr> <tr><td>275,000</td><td>42,500</td></tr> <tr><td>300,000</td><td>45,000</td></tr> <tr><td>325,000</td><td>47,500</td></tr> <tr><td>350,000 – 1,000,000</td><td>50,000</td></tr> <tr><td>1,500,000</td><td>75,000</td></tr> <tr><td>2,000,000</td><td>100,000</td></tr> </tbody> </table> <p><b>6. Road Ambulance:</b> Rs. 2,500 per person per policy period</p> <p><b>7. Health Check:</b> upto 1% of Sum Insured of preceding 3 policy years, subject to a maximum of Rs. 5,000 per policy period.</p> <p>ii. No co-payment</p> <p>iii. Deductible equivalent to Daily Cash Allowance for the first 48 hours Hospitalization</p> <p>iv. In-Patient Hospitalisation expenses</p> <table border="1" data-bbox="480 1606 1217 1758"> <tbody> <tr> <td>Room Rent</td> <td>1% of Sum Insured per day</td> </tr> <tr> <td>ICU/ICCU charges</td> <td>2% of Sum Insured per day</td> </tr> </tbody> </table> <p><b>Proportionate Payment Clause:</b> In case of admission to a room at rates exceeding the aforesaid limits, the payment of all associated medical expenses incurred at</p>	Sum Insured (in Rs.)	Annual Limit (in Rs.)	50,000	10,000	75,000	15,000	100,000	20,000	125,000	23,750	150,000	27,250	175,000	31,250	200,000	35,000	225,000	37,500	250,000	40,000	275,000	42,500	300,000	45,000	325,000	47,500	350,000 – 1,000,000	50,000	1,500,000	75,000	2,000,000	100,000	Room Rent	1% of Sum Insured per day	ICU/ICCU charges	2% of Sum Insured per day	<p>III.A.2</p> <p>Annexure-3</p> <p>III.A.4</p> <p>III.A.6</p> <p>III.A.1.i</p> <p>III.A.1.ii</p> <p>III.A.1.1.i.1</p>
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		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.	
9	Claims Procedure	<p>Turn Around Time (TAT) for claims settlement:</p> <ul style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility 2 hours</li> <li>ii. TAT for cashless final bill authorization 3 hours</li> </ul> <p>Link for below:</p> <ul style="list-style-type: none"> <li>i. Network Hospitals details: <a href="https://uiic.co.in/en/tpa-ppn-network-hospitals">https://uiic.co.in/en/tpa-ppn-network-hospitals</a></li> <li>ii. Helpline number: <a href="https://uiic.co.in/en/tpa-ppn-network-hospitals">https://uiic.co.in/en/tpa-ppn-network-hospitals</a></li> <li>iii. Excluded Providers: <a href="https://uiic.co.in/sites/default/files/Excluded_Providers_List.pdf">https://uiic.co.in/sites/default/files/Excluded_Providers_List.pdf</a></li> </ul>	V.B.5.ii V.B.5.ii IV.B11
10	Policy Servicing	<p>Downloading claim form: <a href="https://uiic.co.in/en/claims/claim-forms">https://uiic.co.in/en/claims/claim-forms</a></p> <p>Call service number of insurer: Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule.</p> <p>Details of company officials: Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule.</p>	
11	Grievance/Complaint	<p>In case of any grievance, you may contact UIIC through:</p> <ul style="list-style-type: none"> <li>a. Website: <a href="http://www.uiic.co.in">www.uiic.co.in</a></li> <li>b. Toll Free Number: 1800 425 333 33</li> <li>c. E-Mail: <a href="mailto:customercare@uiic.co.in">customercare@uiic.co.in</a></li> <li>d. You may also approach the grievance cell at any of our branches with details of the grievance</li> </ul> <p>Alternatively, you may lodge a complaint at the IRDAI Integrated Grievance Management System (<a href="https://igms.irda.gov.in/">https://igms.irda.gov.in/</a>) OR approach the <b>Office of the Insurance Ombudsman</b> in your respective Area/Region. Details of Insurance Ombudsman offices have been provided as Annexure – 3 in the Policy Wordings.</p>	V.A.14

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12	Things to remember	<p><b><u>Free Look cancellation:</u></b> You are allowed a period of 15 days from date of receipt of the policy document to review its terms and conditions and to return the policy if not acceptable to you. This is not applicable on renewals.</p> <p>If the Insured has not made any claim during the free look period, the Insured shall be entitled to:</p> <p>If the Insured has not made any claim during the free look period, the Insured shall be entitled to:</p> <ol style="list-style-type: none"> <li>i. A refund of the premium paid less any expenses incurred by the Company on medical examination of the insured persons and the stamp duty charges or</li> <li>ii. Where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or</li> <li>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the risk covered during such period</li> </ol> <p><b><u>Policy renewal:</u></b> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p><b><u>Migration:</u></b> Insured Person has the option to migrate the policy to other health insurance products/plans offered by UIIC by applying at least 30 days before the policy renewal date.</p> <p><b><u>Portability:</u></b> Insured Person has the option to port the entire policy to an individual health insurance product offered by another Insurer by applying at least 45 days before policy renewal date. Portability is subject to underwriting.</p> <p><b><u>Change in Sum Insured:</u></b> Sum Insured can be changed (increased/decreased) only at the time of renewal or at any times subject to underwriting by the Company. For increase in S.I, the waiting period if any shall start afresh <b><i>only for the enhanced portion of the sum insured.</i></b></p> <p><b><u>Moratorium Period:</u></b> After completion of eight continuous years under the policy no look back to be applied. This period of eight</p>	<p>V.A.7</p> <p>V.A.7.i</p> <p>V.A.7ii</p> <p>V.A7iii</p> <p>V.A.15</p> <p>V.A.8</p> <p>V.A.12</p> <p>V.B.3</p> <p>V.A.9</p>
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13	Your Obligations	<p>years is called as moratorium period. The moratorium would be applicable for the sum insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sum insured only on the enhancement limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract</p> <p>Please disclose all pre-existing disease/s or condition/s. Policyholder is required to disclose all material information such as, but not limited to, pre-existing diseases/conditions, medical history, etc. as sought in the Proposal form and other connected documents. Non-disclosure, misrepresentation or misdescription of such information may result in claim not being paid and shall make the policy void and all premium paid thereon shall be forfeited to UIIC.</p> <p><b>Nomination:</b> Policyholder 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.</p>	V.A.5
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## Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

Signature of Policy Holder

**Legal Disclaimer Note:** The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy shall prevail.