



INDIVIDUAL HEALTH INSURANCE POLICY

CUSTOMER INFORMATION SHEET (CIS)

Guide to the CIS

- This document has been prepared to give you a brief and quick introduction to your Individual Health Insurance Policy (IHP).
- The CIS must be read concurrently with Policy Wording as there are references to various clauses in the Policy Wordings.
- The CIS only provides a summary of the key features of the policy. Please refer to your Policy Schedule along with the Policy Wordings for complete information on what your policy covers.

(Description is illustrative and not exhaustive)

| TITLE | DESCRIPTION | REFER TO POLICY CLAUSE NUMBER |
|------------------------|---|---|
| Product Name | Individual Health Insurance Policy – Platinum/Gold/Senior Citizen | - |
| What is IHP? | <p>a. Indemnity-based health insurance product for you and your family that offers a wide cover</p> <p>b. Coverage on Individual Sum Insured basis which means each Insured Person has their own SI</p> <p>c. 3 plans – Platinum/Gold/Senior Citizen. Please note that the plan you are under is based on the age of entry in the policy.</p> <p>d. Cashless hospitalisation in a network spanning 8000+ hospitals</p> | - |
| What am I covered for? | <p>Base Cover</p> <p>a. In-Patient Hospitalisation: Covers expenses related to hospitalisation for a minimum period of 24 hours. These include expenses for Room Rent, Surgeon Fees, Oxygen, Diagnostic Tests etc.</p> <p>b. Organ Donor: Covers hospitalisation expenses for Organ Donor in respect of Organ transplant to the Insured</p> <p>c. Day Care Procedures</p> <p>d. Pre-Hospitalisation: Covers expenses incurred in the 30 days prior to hospitalisation</p> <p>e. Post-Hospitalisation: Covers expenses incurred in the 60 days post hospitalisation</p> <p>f. Domiciliary Hospitalisation: Covers expenses incurred for availing treatment at home which would otherwise require hospitalisation</p> <p>g. Ayurvedic Treatment: Covers expenses incurred for availing treatment under Ayurvedic system of Medicine in a registered AYUSH Hospital</p> <p>h. Modern Treatments: Covers expenses for advanced medical procedures such as Robotic Surgery, Balloon Sinuplasty, Bronchial Thermoplasty, Deep Brain Stimulation, etc.</p> <p>i. Health Check-Up: Insured is entitled to a health check-up for a block of every three claim-free years</p> <p>Optional Covers (only available upon payment of additional premium)</p> <p>a. Road Ambulance: Covers expenses for transporting the Insured by Road Ambulance to a Hospital for treatment</p> <p>b. Daily Cash Allowance: A cash amount is paid daily for every continuous and completed</p> | <p>4.1</p> <p>4.1 (v)</p> <p>4.1.1 (iii)</p> <p>4.2 (i)</p> <p>4.2 (ii)</p> <p>4.3</p> <p>4.4</p> <p>4.5</p> <p>4.6</p> <p>4.7</p> <p>4.8</p> |

United India Insurance Company Limited

Corporate Identity Number: U93090TN1938GOI000108

Registered Office: 24 Whites Road, Chennai – 600014

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| | period of 24 hours of hospitalisation | |
| What are the major exclusions in the policy? | <p>The following is a partial list. Please refer to Policy Wordings for the complete list of exclusions.</p> <ul style="list-style-type: none"> a. Excl04: Investigation & Evaluation b. Excl06: Surgical treatment for Obesity that does not fulfil all specified conditions in the Policy c. Excl08: Plastic or Cosmetic Surgery unless as a part of medically necessary treatment d. Excl12: Treatment for Alcoholism, drug or substance abuse or any addictive condition e. Excl17: Sterility & Infertility f. Excl18: Expenses incurred for Maternity except Ectopic Pregnancy g. Expenses due to foreign invasion, warlike operations, civil war, revolution, etc. h. Congenital External Diseases or Defects or Anomalies i. Treatments other than Allopathy and Ayurvedic systems of Medicine j. Intentional Self-inflicted injury or attempted suicide | <p>5.B.1 5.B.3 5.B.5 5.B.8 5.B.13 5.B.14 5.C.15 5.C.18 5.C.23 5.C.24</p> |
| Waiting Period | <ul style="list-style-type: none"> a. Pre-Existing Diseases (Excl01): Covered after 48 Months of continuous coverage b. Specific Disease/Procedure (Excl02): Covered after 24/48 Months of continuous coverage c. First Thirty Days (Excl03): All illnesses (except Accidents) shall be covered after 30 days from the first policy commencement date | <p>5.A.1 5.A.2 5.A.3</p> |
| Payment Basis | The payout will be on Indemnity basis, which means that we will pay you, as per the terms and conditions of the policy, for expenses that you incur. | 2 |
| Loss Sharing | <ul style="list-style-type: none"> a. If Insured Person is admitted to a room at a rate more than 1% of Sum Insured, then all associated medical expenses shall be proportionately deducted. b. The Policy has various sub-limits, linked to SI, for Cataract, Hernia, Hysterectomy, Major Surgeries, Modern Treatment Methods, Pre and Post Hospitalisation, Domiciliary Hospitalisation, Health Check-Up, and Road Ambulance Optional Cover. All expenses in excess of these sub-limits shall be borne by the Insured Person. c. A deductible equivalent to Daily Cash Allowance for the first 48 hours hospitalization will be levied on each admissible claim under the Daily Cash Optional Cover. | <p>Note to 4.1 (2) 4.1.2, 4.2, 4.3, 4.5, 4.6 & 4.7 4.8 (iii)</p> |
| Renewal Conditions | <ul style="list-style-type: none"> a. The policy is ordinarily life-long renewable, except on grounds of fraud, misrepresentation, or non-disclosure of material facts by the Insured. b. Renewal is subject to request for renewal and requisite premium in full having been received before the end of the policy period and realisation of premium. c. At the end of policy period, the policy shall terminate, and a grace period of 30 days is provided to renew policy to maintain continuity benefits. Coverage is not available during Grace period. d. Renewal shall not be denied on the ground that the Insured had made a claim or claims in the preceding policy years. No loading shall apply at renewal based on your claims experience. | 6.10 |
| Renewal Benefits | <ul style="list-style-type: none"> a. Health Check-Up: Insured is entitled to health check-up for a block of every 3 claim-free years. b. Online Discount: A discount of 10% shall be offered provided the original policy was purchased online through UIIC's website and all subsequent renewals are made through UIIC's website. | <p>4.6 6.25 (ii)</p> |
| Cancellation | a. The Policyholder may cancel the policy by giving 15 days' written notice and UIIC shall | 6.7 |

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| n | <p>refund premium for the unexpired policy period as per short period rate table given in Policy Wordings.</p> <p>b. UIIC may cancel the policy at any time on grounds of misrepresentation, fraud, or non-disclosure of material facts by the Insured Person, by giving 15 days' written notice. There is no refund of premium in such an event.</p> | | | | | | | | | |
|--|--|---------------------------------------|-----------------------|--|---|-------------------------------|--|-------------------------|---|--|
| How to Claim? | <p>a. Notification: Please notify the TPA/UIIC in writing within 24 hours from the date of emergency hospitalization required or before discharge from Hospital, whichever is earlier; at least 48 hours prior to admission in Hospital in case of planned Hospitalization.</p> <p>b. Cashless Procedure:</p> <ol style="list-style-type: none"> Intimate TPA of the claim using toll-free number given in health ID card. Upon admission in hospital, cashless request form shall be completed and sent to TPA for authorisation. After verification, TPA issues pre-authorisation letter. At the time of discharge, the Insured Person shall verify and sign the discharge papers and pay for non-medical and inadmissible expenses. Hospital Network details can be obtained at: https://uiic.co.in/en/tpa-ppn-network-hospitals <p>c. Reimbursement Procedure:</p> <ol style="list-style-type: none"> Submit the necessary documents to TPA/UIIC within the prescribed time limit as mentioned below: <table border="1" data-bbox="360 1077 1310 1301"> <thead> <tr> <th>Type of Reimbursement Claim</th> <th>Prescribed Time Limit</th> </tr> </thead> <tbody> <tr> <td>Hospitalisation and Pre-hospitalisation expenses</td> <td>Within 15 (fifteen) days of date of discharge from hospital</td> </tr> <tr> <td>Post hospitalisation expenses</td> <td>Within 15 (fifteen) days from completion of post hospitalisation treatment</td> </tr> <tr> <td>Cost of Health Check-Up</td> <td>Within 15 (fifteen) days of Health Check-Up</td> </tr> </tbody> </table> | Type of Reimbursement Claim | Prescribed Time Limit | Hospitalisation and Pre-hospitalisation expenses | Within 15 (fifteen) days of date of discharge from hospital | Post hospitalisation expenses | Within 15 (fifteen) days from completion of post hospitalisation treatment | Cost of Health Check-Up | Within 15 (fifteen) days of Health Check-Up | <p>6.23 (A)</p> <p>6.23 (B)</p> <p>6.23 (C-E)</p> |
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| Cost of Health Check-Up | Within 15 (fifteen) days of Health Check-Up | | | | | | | | | |
| Policy Servicing/ Grievance/ Complaints | <p>Policy Servicing Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule.</p> <p>Grievance/Complaints In case of any grievance, you may contact UIIC through:</p> <ol style="list-style-type: none"> Website: www.uiic.co.in Toll Free Number: 1800 425 333 33 E-Mail: customercare@uiic.co.in <p>You may also approach the grievance cell at any of our branches with details of the grievance.</p> <p>Alternatively, you may lodge a complaint at the IRDAI Integrated Grievance Management System (https://igms.irda.gov.in/) OR approach the Office of the Insurance Ombudsman in your respective Area/Region. Details of Insurance Ombudsman offices have been provided as Annexure – 3 in the Policy Wordings.</p> | <p>6.15</p> | | | | | | | | |
| Insured's Rights | <p>a. Free Look Period: 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.</p> | <p>6.14</p> <p>6.10</p> | | | | | | | | |

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| | <p>b. Implied Renewability: The policy is ordinarily lifelong renewable except on certain specific grounds.</p> <p>c. Change of Sum Insured: The Insured Person can apply for an enhancement of Sum Insured at the time of renewal. The acceptance of such enhancement would be at the discretion of UIIC.</p> <p>d. Migration: 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>e. Portability: 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>f. Turn Around Time (TAT): For reimbursement claims, the company shall settle or reject a claim within 30 days from date of receipt of last necessary document.</p> | <p>6.18</p> <p>6.8</p> <p>6.9</p> <p>6.17</p> |
| Insured's Obligations | <p>a. Disclosure of Information: 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: 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> | <p>6.1</p> <p>6.16</p> |

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