



THE NEW INDIA ASSURANCE COMPANY LIMITED

Registered & Head Office- 87, M.G. Road, Fort, Mumbai-400001.

PROSPECTUS GROUP MEDICLAIM INSURANCE POLICY

1 SALIENT FEATURES OF THE POLICY :

- 1.1** The Group Mediclaim policy will be available to any Group / Association / Institution / Corporate Body of more than 100 persons provided it has a central administration point. Each Insured should cover all eligible members (insured persons) under one group policy only. In other words different categories of eligible members shall not be allowed to be covered under different group policies. It is not permissible to issue any un-named group policy. Only eligible class of group of homogeneous type as approved by the insurance company is eligible to avail this policy.
- 1.2** The group policy will be issued in the name of the Group / Association / Institution / Corporate Body (called Insured) with a schedule of names of the members including his / her eligible family members (called Insured Persons) forming part of the policy.
- 1.3** The policy covers reimbursement of Hospitalisation/Domiciliary Hospitalisation expenses for illness/diseases or injury sustained. In the event of any claim becoming admissible under this scheme, the company will pay to the Insured person the amount of such expenses as would fall under different heads mentioned below, and as are reasonably and necessarily incurred thereof by or on behalf of such Insured Person, but not exceeding the Sum Insured in aggregate in any one period of Insurance stated in the schedule hereto.
- A) Room, Boarding Expenses as provided by the hospital/nursing home**
 - B) Nursing Expenses**
 - C) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees**
 - D) Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs & Cost of Organs and similar expenses.**
- (N.B. : Company's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured per person mentioned in the schedule.)

2. DEFINITIONS :

2.1 'HOSPITAL/NURSING HOME' means any institution in India established for indoor care and treatment of sickness and injuries and which

Either

(a) has been registered as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered and qualified Medical Practitioner.

OR

(b) should comply with minimum criteria as under :

- i) it should have atleast 15 in-patient beds**
- ii) fully equipped operation theatre of its own wherever surgical operations are carried out.**
- iii) fully qualified Nursing Staff under its employment round the clock.**
- iv) fully qualified Doctor(s) should be in-charge round the clock.**

(N.B. * In Class 'C' town condition of number of beds be reduced to 10).

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

2.2 "Surgical Operation" means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.

2.3 Expenses on Hospitalisation for minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments i.e. Dialysis, Chemotherapy, Radio therapy, Eye Surgery, Dental Surgery, Lithotripsy (Kidney stone removal), Tonsillectomy, D & C taken in the Hospital/Nursing Home and the Insured is discharged on the same day; the treatment will be considered to be taken under Hospitalisation Benefit.

2.4 DOMICILIARY HOSPITALISATION BENEFIT means Medical treatment for a period exceeding three days for such illness/disease/injury which in the normal course would require care and treatment at a hospital/nursing home but actually taken whilst confined at home in India under any of the following circumstances namely :

- i) The condition of the patient is such that he/she cannot be removed to the hospital/nursing Home or**
- ii) The patient cannot be removed to hospital/nursing home for lack of accommodation therein**

Subject however that domiciliary hospitalisation benefits shall not cover,

- i) expenses incurred for pre and post hospital treatment and**
- ii) expenses incurred for treatment for any of the following diseases**

- 1. Asthma**
- 2. Bronchitis**

3. **Chronic Nephritis and Nephritic Syndrome**
4. **Diarrhea and all type of Dysenteries including Gastro-enteritis**
5. **Diabetes Mellitus and Insipidus**
6. **Epilepsy**
7. **Hypertension**
8. **Influenza, Cough and Cold**
9. **All Psychiatric or Psychosomatic Disorders**
10. **Pyrexia of unknown Origin for less than 10 days**
11. **Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis**
12. **Arthritis, Gout and Rheumatism**

Note : When treatment such as Dialysis, Chemotherapy, Radiotherapy etc. is taken in the Hospital/Nursing Home and the Insured is discharged on the same day, the treatment will be considered to be taken under Hospitalisation Benefit section.

Liability of the Company under this clause is restricted as stated in the schedule attached hereto.

3.0 ANY ONE ILLNESS

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

3.1 PRE-HOSPITALISATION

Relevant medical expenses incurred during period upto 30 days prior to hospitalisation on disease/illness/injury sustained will be considered as part of claim mentioned under item 1.2 above.

3.2 POST-HOSPITALISATION

Relevant medical expenses incurred during period upto 60 days after hospitalisation on disease/illness/injury sustained will be considered as part of claim as mentioned under item 1.2 above.

3.3 MEDICAL PRACTITIONER

Means a person who holds a degree/diploma of a recognised institution and is registered by Medical Council of respective State of India. The term Medical Practitioner would include Physician, Specialist and Surgeon.

3.4 QUALIFIED NURSE

Means a person who holds a certificate of a recognised Nursing Council and who is employed on recommendation of the attending Medical Practitioner.

3.5 MATERNITY EXPENSES BENEFIT means treatment taken in Hospital / Nursing Home arising from or traceable to pregnancy, childbirth including Cesarean section. This is an optional benefit available on payment of

additional premium. When Maternity Expenses Benefit is opted for in the policy, Exclusion 4.12 of the policy stands deleted.

4. EXCLUSIONS :

4.0 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 All diseases/injuries which are pre-existing when the cover incepts for the first time.

4.2 Any disease other than those stated in clause 4.3, contracted by the Insured Person during the first 30 days from the commencement date of the policy. This exclusion shall not however, apply if in the opinion of Panel of Medical Practitioners constituted by the Company for the purpose, the Insured Person could not have known of the existence of the Disease or any symptoms or complaints thereof at the time of making the proposal for insurance to the Company. This condition 4.2 shall not however apply in case of the insured person having been covered under this scheme or group insurance scheme with any of the Indian Insurance Companies for a continuous period of proceeding 12 months without any break.

4.3 "During the first year of the operation of Insurance cover, the expenses on treatment of diseases such as Cataract, Benign Prostate Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal disease/defect, Fistula in anus, piles, Sinusitis and related disorders are not payable. If these diseases (other than congenital internal diseases/defect) are pre existing at the time of proposal they will not be covered even during subsequent period of renewal too. If insured is aware of the existence of congenital internal diseases/defect before inception of policy it will be treated as pre-existing."

4.4 Injury or 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).

4.5 Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.

4.6 Cost of spectacles, contact lenses and hearing aids.

4.7 Any dental treatment or surgery which is a corrective, cosmetic or aesthetic procedure, including wear and tear, unless arising from disease or injury and which requires hospitalisation for treatment.

- 4.8 Convalescence, general debility, "Run-down" condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs/alcohol.
- 4.9 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 Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
- 4.10 Charges incurred at Hospital/Nursing Home primarily for diagnostic, x-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
- 4.11 Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
- 4.11.1 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
- 4.12 Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of this including caesarian section.
- 4.13 Naturopathy treatment

5. AGE LIMIT

This insurance is available to persons between the age of 5 years and 80 years. Children between the ages of 3 months and 5 years can be covered provided one or both parents are covered concurrently.

6. Group Discount

The Group Discount is permissible as per the following scale depending upon the total number of Insured persons covered under the Group policy at the inception. Increase / Decrease in the sizes of the group during the currency of the policy is permissible only on monthly basis.

No. of Persons Insured under the Group Policy	Group Discounts %
101 Persons - 500 Persons	2.5%
501 Persons - 1000 Persons	5.0%
1001 Persons - 2000 Persons	7.5%
2001 Persons - 10000 Persons	10.0%
10001 Persons - 15000 Persons	12.5%
15001 Persons - 25000 Persons	15.0%
25001 Persons - 50000 Persons	20.0%
Above 50001 Persons	30.0%

Note-Total of all discounts not to exceed 30%

7. Bonus / Malus

- a) **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 claims 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 into account.

<u>Incurred Claims Ratio under the Group Policy</u>	<u>Discount %</u>
Not Exceeding 60%	5
Not Exceeding 50%	15
Not Exceeding 40%	25
Not Exceeding 30%	30

b) HIGH CLAIM RATIO 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 Medclaim Insurance Policy for the preceding 3 completed years excluding the year immediately preceding the date of renewal. Where the Group Medclaim Policy has not been in force for the 3 completed years, such shorter periods of completed years excluding the year immediately preceding the date of renewal will be taken into account.

<u>Incurred Claims Ratio under the Group Policy</u>	<u>Loading %</u>
Between 70% and 100%	25
Between 101% and 125%	55
Between 126% and 150%	90
Between 151% and 175%	120
Between 176% and 200%	150
Over 200%	Cover to be reviewed

Note :

- (i) Incurred claim would mean claims paid plus claims outstanding in respect of the entire group insured under the policy during the relevant period.
- (ii) Total of all discounts not to exceed 30%

8. NOTICE OF CLAIM

- 8.1 Preliminary notice of claim with particulars relating to Policy Numbers, Name of insured person in respect of whom claim is made, Nature of illness/Injury and Name and Address of the attending medical practitioner/Hospital/Nursing Home should be given to the Insurance Company within seven days from the date of Hospitalisation/Injury/Death.**
- 8.2 Final claim alongwith hospital receipted Bills/Cash memos, claim form and list of documents as listed in the claim form etc. should be submitted to the company within 30 days of discharge from the Hospital.**

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.

9. PAYMENT OF CLAIM

All claims under this policy shall be payable in Indian currency. All medical treatments for the purpose of this insurance will have to be taken in India only.

10. DETAILS OF INSURED PERSON :

The Insured shall be required to furnish a complete list of Insured Persons in the following format according to Sum Insured. Any additions and deletions during the currency of the policy should be intimated to the Company in the same format. However such additions and deletions will be incorporated in the policy from the first day of the following month subject to pro-rata premium adjustment. No change of Sum Insured for any Insured Person will be permitted during the currency of the policy.

Notes : No refund of premium will be allowed for deletion of Insured Person in the event of Insured Person having made / recovered a claim under the policy

11. SUM INSURED

Minimum Rs.15,000 with multiples of Rs.5,000 thereafter with maximum Sum Insured of Rs.5,00,000 as per Sum Insured premium table attached.

12. PAYMENT OF PREMIUM

As per table attached

13. MATERNITY EXPENSES BENEFIT EXTENSION

This is an optional cover which can be obtained on payment of 10% of the total basic premium for all the Insured Persons under the Policy Total basic premium means the total premium computed before applying Group Discount and / or High Claim Ratio Loading. Low Claim Discount and special discount in lieu of agency commission.

13.1 Option for maternity Benefits has to be exercised at the inception of the policy period and no refund is allowable in case of Insured's cancellation of this option during currency of the policy.

13.2 The maximum benefit allowable under this clause will be upto Rs.50,000/- or the Sum Insured opted by the member of the group whichever is lower.

13.3 Special conditions applicable to Maternity Expenses Benefit Extension

- 1.** These Benefits are admissible only if the expenses are incurred in Hospital / Nursing Home as in-patients in India
- 2.** A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarian section or abdominal operation for extra uterine pregnancy. The waiting period may be relaxed only in case of delivery miscarriage or abortion induced by accident or other medical emergency.

3. **Claim in respect of delivery for only first two children and / or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.**
4. **Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.**
5. **Pre-natal and post-natal expenses are not covered unless admitted in Hospital / Nursing Home and treatment is taken there**

Note : When Group Policy is extended to include Maternity Expenses Benefit, the exclusion 4.12 of the policy stands deleted.

This prospectus shall form part of your proposal form, hence please sign as you have noted the contents of this prospectus.

Place : Signature :

Date : Name :

NB : Insurance is the subject matter of solicitation.

PREMIUM SCHEDULE w.e.f. 1-10-2002 + 8% Service Tax

SUM INSURED (Overall Liability) ©./Rs.	LIMIT OF LIABILITY FOR DOMICILIARY HOSPITALISATION ©./Rs.	AGE COMPLETED YEARS							
		Upto 35 ©./Rs.	36 - 45 ©./Rs.	46-55 ©./Rs.	56-65 ©./Rs.	66-70 ©./Rs.	71-75 ©./Rs.	76-80 ©./Rs.	
15000	3000	213	232	331	379	427	455	551	
20000	4000	275	298	427	490	545	586	730	
25000	5000	341	371	537	606	683	730	909	
30000	6000	366	398	572	648	724	779	972	
35000	7000	390	424	606	689	772	827	1020	
40000	8000	543	589	848	965	1075	1151	1419	
45000	9000	610	663	951	1082	1213	1295	1585	
50000	10000	676	736	1055	1199	1344	1441	1778	
55000	11000	749	815	1165	1323	1482	1585	1957	
60000	12000	787	854	1220	1392	1557	1667	2053	
65000	13000	853	928	1323	1502	1689	1805	2219	
70000	14000	920	1001	1427	1620	1813	1943	2412	
75000	15000	982	1066	1530	1736	1943	2081	2563	
80000	16000	1048	1140	1633	1854	2074	2226	2756	
85000	17000	1115	1213	1736	1971	2212	2370	2935	
90000	18000	1183	1286	1840	2088	2336	2508	3114	
95000	19000	1250	1358	1943	2205	2467	2646	3280	
100000	20000	1310	1425	2039	2322	2598	2784	3445	
105000	20750	1372	1490	2136	2433	2722	2921	3632	
110000	21500	1432	1557	2232	2543	2846	3059	3817	
115000	22250	1494	1623	2329	2653	2970	3197	4004	

120000	23000	1554	1690	2425	2763	3094	3335	4189
125000	23750	1615	1755	2522	2874	3218	3473	4376
130000	24500	1676	1822	2618	2984	3342	3610	4561
135000	25250	1737	1888	2715	3094	3466	3748	4748
140000	26000	1798	1955	2811	3204	3590	3886	4933
145000	26750	1859	2020	2908	3315	3714	4024	5120
150000	27500	1920	2087	3004	3425	3838	4162	5305
155000	28250	1975	2147	3094	3528	3955	4293	5484
160000	29000	2030	2206	3138	3632	4073	4423	5664
165000	29750	2085	2266	3273	3734	4189	4555	5843
170000	30500	2139	2326	3362	3838	4307	4685	6022
175000	31250	2194	2385	3452	3941	4423	4817	6201
180000	32000	2249	2444	3541	4045	4541	4947	6380
185000	32750	2304	2505	3632	4148	4658	5078	6559
190000	33500	2359	2564	3721	4252	4775	5209	6738
195000	34250	2414	2624	3811	4354	4892	5340	6918
200000	35000	2469	2683	3900	4458	5010	5471	7097
205000	35500	2518	2736	3982	4555	5120	5595	7269
210000	36000	2566	2789	4065	4651	5230	5719	7441
215000	36500	2615	2842	4148	4748	5340	5843	7614
220000	37000	2664	2895	4230	4844	5451	5967	7786
225000	37500	2713	2948	4313	4941	5561	6091	7958
230000	38000	2761	3001	4396	5037	5671	6215	8130
235000	38500	2810	3054	4479	5134	5781	6339	8303
240000	39000	2859	3107	4561	5230	5891	6463	8475
245000	39500	2908	3160	4644	5327	6002	6587	8647
250000	40000	2956	3213	4727	5423	6112	6711	8819
255000	40500	3005	3266	4809	5519	6222	6835	8992
260000	41000	3054	3319	4892	5616	6332	6959	9164
265000	41500	3103	3372	4975	5712	6443	7083	9336
270000	42000	3151	3425	5057	5809	6553	7207	9508
275000	42500	3200	3478	5140	5905	6663	7331	9681
280000	43000	3249	3531	5223	6002	6773	7455	9853
285000	43500	3298	3584	5305	6098	6884	7579	10025
290000	44000	3346	3637	5388	6195	6994	7703	10197
295000	44500	3395	3690	5471	6291	7104	7827	10370
300000	45000	3444	3743	5553	6388	7214	7951	10542
305000	45500	3486	3790	5630	6477	7317	8069	10707
310000	46000	3529	3836	5705	6567	7421	8185	10872
315000	46500	3572	3883	5781	6656	7524	8303	11038
320000	47000	3615	3928	5857	6746	7628	8420	11203
325000	47500	3657	3975	5933	6835	7731	8537	11369
330000	48000	3699	4022	6008	6925	7834	8654	11534
335000	48500	3743	4068	6084	7014	7937	8772	11699
340000	49000	3785	4114	6160	7104	8041	8888	11865
345000	49500	3828	4161	6236	7193	8144	9006	12030
350000	50000	3870	4207	6311	7283	8248	9122	12195
355000	50000	3914	4254	6388	7372	8351	9240	12361
360000	50000	3956	4299	6463	7462	8455	9357	12526
365000	50000	3998	4346	6539	7551	8557	9474	12691
370000	50000	4041	4393	6614	7642	8661	9591	12857

375000	50000	4084	4439	6691	7731	8764	9709	13022
380000	50000	4127	4485	6766	7821	8868	9825	13187
385000	50000	4169	4532	6842	7910	8971	9943	13353
390000	50000	4211	4578	6918	8000	9075	10059	13518
395000	50000	4255	4625	6994	8089	9177	10177	13684
400000	50000	4297	4670	7069	8179	9281	10294	13849
405000	50000	4340	4717	7145	8268	9384	10411	14014
410000	50000	4382	4764	7221	8358	9488	10528	14180
415000	50000	4426	4810	7297	8447	9591	10646	14345
420000	50000	4468	4856	7372	8537	9695	10762	14510
425000	50000	4510	4903	7449	8626	9798	10880	14676
430000	50000	4553	4949	7524	8716	9901	10996	14841
435000	50000	4596	4996	7600	8805	10004	11114	15006
440000	50000	4639	5041	7675	8896	10108	11231	15172
445000	50000	4681	5088	7752	8985	10211	11348	15337
450000	50000	4723	5135	7827	9075	10315	11465	15503
455000	50000	4767	5181	7903	9164	10418	11583	15668
460000	50000	4809	5227	7979	9254	10522	11699	15833
465000	50000	4852	5274	8055	9343	10624	11817	15999
470000	50000	4894	5320	8130	9433	10728	11933	16164
475000	50000	4937	5367	8207	9522	10831	12051	16329
480000	50000	4980	5412	8282	9612	10935	12168	16495
485000	50000	5022	5459	8358	9701	11038	12285	16660
490000	50000	5065	5506	8433	9791	11142	12402	16825
495000	50000	5108	5552	8510	9880	11244	12520	16991
500000	50000	5151	5598	8585	9970	11348	12636	17156

CASHLESS SERVICE THROUGH TPAS

We welcome esteemed customer of The New India Assurance Company Ltd. As a part of our continuing efforts for better service to our customers we are please to provide services of a Third Party Administrator which will enable availing cashless service in select hospitals. This service will be subject to the limits, terms, conditions, exclusions of the mediclaim policy issued to you.

The TPA allotted to provide service to MRO-II is

Name of TPA : Paramount Health Services Pvt. Ltd.

Address:81,Barodawala Mansion, Dr.Annie Besant Rd., Worli Naka,Mumbai-400 018.

Telephone: (022) 56620800 Toll Free Number:1600-22-6655

Other Call Center Numbers: Delhi (011) 26536938 Kolkatta(033) 23216789

Mumbai(022)56620808 Chennai(044) 28586852

FaxNo.:(022) 24985505/06 E-mail:paramount@pnhhealth.com Website:www.pnhhealth.com

The TPA shall be providing you an identity Card and a guidebook which shall guide you through the procedures to be adopted for availing cashless service. Kindly note that this arrangement is restricted for providing cashless service and in no case the insurer or the TPA will be responsible for the quality of care/treatment provided in the hospitals. Your option to avail treatment in non network hospitals remains on reimbursement basis. In the event of making a claim you are requested to contact the TPA for assistance.

In case of any difficulty please contact the policy issuing office.



THE NEW INDIA ASSURANCE COMPANY LIMITED

Registered & Head Office- 87, M.G. Road, Fort, Mumbai-400001.

PROPOSAL FORM FOR GROUP MEDICLAIM INSURANCE POLICY

(to be completed by the Group / Association / Institution / Corporate Body)

IMPORTANT

- a. The Company will not be on risk until the Proposal has been accepted by Company and the full premium paid.
- b. Employee's / Member's Personal Statement Form should be completed by each employee / member for himself / herself and his / her eligible family members as per Annexure II.

PROPOSER DETAILS

1. Name of the Proposer
(Capital Letters)
2. Description of the Proposer's Business
3. Address for communication

Tel. / Fax Nos. & email address
4. No. of persons to be covered
(List of persons for each Sum Insured Opted as per table)

Sum Insured
In Words :
5. Please state whether all eligible members of the Group / Association / Institution / Corporate Body are proposed for Insurance YES / NO
6. Do you require Maternity Expenses Benefit YES / NO
Extension (Strike out whichever is not applicable)
7. Period of Insurance : From To (Midnight)
Place :
Date : Signature of the Proposer

Section – 41 Of Insurance Act, 1938 Prohibition of Rebates

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.

2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

NB : Insurance is the subject matter of solicitation.

THE NEW INDIA ASSURANCE COMPANY LIMITED

Regd. & Head Office : 87, Mahatma Gandhi Marg, Fort, Mumbai – 400 001.

Revised Group Mediclaim Insurance Policy

LIST OF PERSONS PROPOSED FOR INSURANCE

Note : 1. This list will be attached to and forming part of the proposal form and policy to be issued. **2.** Separate list should be attached in respect of persons proposed to be covered under each Sum Insured.

Name of the proposer

Sum Insured to be covered in respect of the persons listed below :

SR. NO.	Name of the Employee / Member with Salary Roll No.	Names of Employee's / Member's family members to be covered	Relationship of the dependant members to the Employee / Member	Age / Sex	Sum Insured	Pre-existing disease / injury to be excluded under the Policy
1						
1.1						
1.2						
1.3						
2						
2.1						
2.2						
2.3						
3						
3.1						
3.2						
3.3						
4						
4.1						
4.2						
4.3						
5						
5.1						
5.2						
5.3						
6						
6.1						
6.2						
6.3						

Note :

- 1.** Additional sheet to be attached, if space not sufficient to complete details.
- 2.** Names of the family members to be covered should be mentioned immediately after the name of each employee / Member.

Place :

Date :

Signature of the Proposer

THE NEW INDIA ASSURANCE COMPANY LIMITED

Regd. & Head Office : 87, Mahatma Gandhi Road, fort, Mumbai – 400 001

**REVISED GROUP MEDICLAIM INSURANCE POLICY PROPOSAL
EMPLOYEE'S MEMBER'S PERSONAL STATEMENT FORM**

(To be completed by each Employee / Member in respect of himself / herself and his / her eligible family members proposed to be covered)

1. Details of Employees / Members including family members proposed for Insurance

SR. NO.	Name of Employee / Member and eligible family members	Date of Birth /Age	Sex	Occupation	Relationship with the Employee / Member	Monthly Income	*** (pre-existing disclosure)
a							
b							
c							
d							
e							
f							
g							

*** Details of any knowledge of any positive existence of or presence of any ailments, sickness or injury which may require medical attention in immediate future and / or details of any ailment, sickness or injury which had been treated in the past.

2. Are anyone suffering / suffered from Diabetes / Hypertension / Chest Pain or Coronary Insufficiency or Myocardial Infarction. If so, give full details with Adverse Medical History form.

3. Residential address of the Employee / Member :

4. Name and address of family doctor, including telephone number, if any :

Telephone No.

Doctors Registration Number

I declare that all the statements made above and the answers given on my behalf and on behalf of the family / members are wholly true and correct to the best of my knowledge and belief. I have disclosed all particulars materials to the risk. It is hereby understood and agreed that the statements, answers and particulars are the basis on which this Insurance is being granted. If, after the Insurance is effected, it is found that the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this Insurance in respect of myself and my family members proposed for Insurance.

Place :

Date :

Signature of the Employee / Member
For himself / herself and/or on behalf
Of other family members to be covered.

EMPLOYEE/ MEMBER NAME

LIST SR. NO. / EMP. NO. / ID NO

SUM INSURED Rs

PREMIUM Rs.