

# **The New India Assurance Co. Ltd.**

**Head Office :- 87, M.G. Road, Mumbai - 400 001**

**PROSPECTUS**  
**(GRAM AROGYA YOJANA)**  
**GROUP SURGICAL OPERATIONS INSURANCE POLICY**  
**AND ACCIDENTAL DEATH INSURANCE COVER FOR HEAD OF THE FAMILY**

## **1.0 SALIENT FEATURES OF THE POLICY :**

- 1.1** The Group Surgical Operations Insurance policy will be available to any Gram Panchayat covering the entire population of a village irrespective of age limit. Each household in the village should cover all the family 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.
- 1.2** The Group Surgical Operations Insurance policy will be issued in the name of Gram Panchayat (called Insured) with a schedule of name of the members including his/her eligible family members (called Insured Person) forming part of the policy.
- 1.3** The Group Surgical Operations Insurance policy will not be issued unless entire population of the village is covered.
- 1.4** The Group Surgical Operations Insurance policy covers reimbursement of Hospitalisation expenses only for illness/diseases contracted or injury sustained by the Insured Person requiring surgical operations and day care curative procedures only as defined in the policy.
- 1.5** 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 reasonable 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 which includes Registration & Admission Fees.
- B) Nursing Expenses.
- C) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees
- D) Anaesthesia, Blood, Oxygen, Operation Theater Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs & Cost of Organs and similar expenses.

E) Reasonable expenses incurred for ambulance from Gram Panchayat to nearest Hospital/ Nursing Home at the time of admission and discharge only.( If condition of the patient is critical and regular ambulance is not available in remote areas reasonable expenses on any mode of transport will be admissible subject to limits available in the policy).

(N.B. Company's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured per person per annum to be reckoned from the date of inception of the risk as 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 either 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) Fully equipped operation theater of its own.  
wherever surgical operations are carried out

ii) Fully qualified Nursing Staff under its employment round the clock.

iii) Fully qualified Doctor(s) should be in-charge round the clock.

**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 of alcoholics, a hotel or a similar place.

**2.2** "Surgical Operation" means operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of such surgical condition, relief of suffering and prolongation of life.

**2.3** Day Care Procedure - Any medical curative procedure which does not require overnight stay in the hospital.

**2.4** 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, Radiotherapy; 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. Further in case of Day Care Procedure this condition will not apply.

## **2.5** PRE-EXISTING CONDITIONS :-

The pre-existing conditions are those conditions which existed prior to or at the time of inception of the first policy period and may lead to precipitation of a illness/ disease/ injury as defined in the policy.

### **3.0 ANY ONE ILLNESS**

Any one illness will be deemed to mean continuous period of the illness/disease/injury for which surgical operation is undergone 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 treatment after a lapse of 45 days as stated above will be considered as fresh treatment for the purpose of this policy.

### **3.1 PRE-HOSPITALISATION**

Relevant medical expenses incurred during period upto 30 days prior to hospitalisation on illness/disease/injury sustained will be considered as part of claim mentioned under item 1.5 above.

### **3.2 POST-HOSPITALISATION**

Relevant medical expenses incurred during period upto 60 days after Hospitalisation for illness/disease/injury sustained will be considered as part of claim as mentioned under item 1.5 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.

### **4.0 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** Pre-existing conditions as defined in 2.5 above.

**4.2** Any disease/illness/injury which the Insured Person contracts within the first 30 days of commencement period of insurance policy except in case of disease/illness/injury arising out of accident.

**4.3** During the first year of the operation of insurance cover, the expenses on treatment of diseases such as Cataract, Benign Prostrate Hypertrophy, Hysterectomy for Menorrhagia, or Fibromyoma, Hernia, Hydrocele, Congenital Internal disease, Fistula in anus, piles, Sinusitis and related disorders are not payable. If these diseases are pre-existing at the time of proposal they will not be covered even during subsequent period or renewal too.

**4.4** 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)
- 4.5** 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 part of any illness.
- 4.6** Cost of spectacles and contact lenses and hearing aids.
- 4.7** Dental treatment or surgery of any kind unless requiring hospitalisation.
- 4.8** Convalescence, general debility, 'Run-down' condition or rest cure, Congenital , external disease or anomalies, sterility, venereal disease, intentional self injury and use of intoxication 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 Variation Deficiency syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- 4.10** Charges incurred at Hospital or Nursing Home primarily for diagnosis, X-Ray or Laboratory examination not consistent with incidental to the diagnosis and treatment of 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 including cesarean section.
- 4.12.1** Voluntary medical termination of pregnancy during the first 12 weeks from the date of conception.
- 4.13** Naturopathy Treatment
- 4.14** All hospitalisation expenses relating to any ailment/ disease not resulting into an surgical operation as defined in the policy (2.2 & 2.3).

**5. AGE LIMIT :**

All members of eligible family are covered irrespective of age.

**6.0 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 Surgical Operations Insurance Policy for the preceding 3 completed years excluding the year immediately preceding the date of renewal. Where the Group Surgical Operations 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.

Incurring Claims ratio under the Group Policy	Discount %
Not exceeding 60%	5
Not exceeding 50%	15
Not exceeding 40%	25
Not exceeding 30%	35
Not exceeding 25%	40

(b) HIGH CLAIM RATIO LOADING (MALUS) :

The Total Premium payable at renewal of the Group Surgical Operations Policy will be loaded at the following scale depending upon the incurred claims ratio for the entire group insured under the Group Surgical Operations Insurance Policy for the preceding 3 completed years excluding the year immediately preceding the date of renewal. Where the Group Surgical Operations Insurance 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.

Incurring Claims Ratio under the Group Policy	Loading %
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 : Incurred claim would mean claim paid plus claims outstanding in respect of the entire group insured under the policy during the relevant period.

7.0 NOTICE OF CLAIM :

7.1 Preliminary notice of claim with particulars relating policy numbers, Name of Insured Person in respect of whom claim is made, Nature of illness/disease/injury and Name and Address of the meeting Practitioner/Hospital/Nursing Home should be given by the insured Person attending Medical Practitioner/Hospital/Nursing Home should be given by the insured Person to the Company within seven days from the date of Hospitalisation/Domiciliary Hospitalisation

7.2 Final claim alongwith 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 from the date of completion of treatment.

*Note :- Waiver of the 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.*

8.0 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.

9.0 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.

Sr.No. *	Names of Insured Persons (starting with Head of the family and followed by other members)	Relation of the Dependent to the Member of the Insured	Age	Sex	Pre-existing disease/ injury to be excluded under the policy	Sum Insured
1.						
2.						
3.						
1.						
2.						
3.						

\* Each family will have one serial no. followed by family members in small italics.

- for e.g. 1. (i)Mr. Baburao Dhonduji Patil  
(ii) Mrs. Vaishali Baburao Patil  
(iii) Master Vasant. Baburao Patil  
2. (i) Mr. B. D. Deshmukh  
(ii) Mrs. S. B. Deshmukh  
3. (i).....

Note : 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.

(N.B. : Any covered illness/disease/injury contracted during the period of 7 days extension will be excluded from the date of renewal in addition to other illness/disease/injury excluded in the expiring policy, whereas other benefits mentioned above in item 13 (a) will be permissible.)

#### 10.0 Sum Insured :

A fixed Sum Insured of Rs. 10,000/- for a family of four which can be utilised by any of the four family members individually or jointly during the period of insurance. If there are more than four members in the family the sum insured will be increased by Rs. 1,000/- for each family member subject to payment of additional premium. Even though number of persons in a particular family are less than four a floating sum insured of Rs. 10,000/- will be available on number of members in the family.

11.0 This policy is extended to cover Accidental Death involving Head of the family as described in the Schedule to the policy. (In case only one member is eligible to join Group Surgical Operations Insurance Policy, this accidental death insurance cover will not be extended to such a member of the family). This additional extended cover with pay amount of Rs. 10,000 (Rupees Ten Thousand only) in case the Head of the family as described in the schedule to policy dies as a direct consequence of an accident occurring during policy period. Accident in this connection is defined as one caused by external violent and visible means and compensation would be payable to the family members as named in the schedule to the policy, provided that the accident so caused is the proximate cause of death.

11.1 All other terms and conditions of the insurance cover shall remain unchanged.

#### 12.0 Payment of premium : As per table attached

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

Signature :  
(Chairman of Gram Panchayat)  
Name :  
Place :  
Date :

Seal of Gram Panchayat

#### **PREMIUM SCHEDULE - GRAM PANCHAYAT FAMILY COVER**

SUM INSURED : Rs. 10,000/- per family	
PREMIUM FOR FAMILY OF UPTO FOUR MEMBERS	: Rs. 150/-
FOR ADDITIONAL PERSON EACH	: Rs. 50/-

Note : -1. Sum Insured will increase by Rs. 1,000/- for each additional person in the family above four.

2. The above rates are worked out after applying all the discounts and hence no further discounts in any form including group discounts are permitted.
3. The premium does not qualify for deduction under Section 80 D of Income Tax Act.
4. 8 % Service Tax is applicable on the total premium.