



UNITED INDIA INSURANCE COMPANY LIMITED  
REGISTERED & HEAD OFFICE: 24, WHITES ROAD, CHENNAI-600014

UIN NO. IRDA/NL-HLT/UII/P-H/V.1/232/13-14

TOP UP MEDICARE 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.

Basis of Payment

- 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 Covered Expenses exceed the Threshold level and
  - c. all limits of reimbursement under any other Health Insurance Policy/Reimbursement Scheme available to the insured person have been exhausted.
- 2 The claim payable under this Policy will be the amount by which such Covered Expenses in respect of any hospitalisation 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 other Health Insurance Policies (whether or not issued by the Company)/ Reimbursement Scheme covering the Insured person/family as applicable for such Covered Expenses.
- 3 Each claim, if more than one, during the period of this policy shall be separately subject to the above Basis of Payment.
- 4 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.

## 2 COVERED EXPENSES

- 2.1 In the event of any claim(s) becoming admissible under this Policy, the company will pay the following expenses as are reasonably and medically necessary through TPA to the Hospital/Nursing or the insured person
- A. Room, Boarding Expenses as provided by the Hospital/Nursing Home. This also includes Nursing care/expenses, RMO charges, IV Fluids/Blood Transfusion/Injection administration charges and the like.
  - B. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees
  - C. Anaesthetics, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, relevant laboratory diagnostic tests & such similar expenses that are medically necessary.
  - D. All Hospitalisation Expenses (excluding cost of organ, if any) incurred for donor in respect of Organ transplant to the insured.
  - E. Pre and Post-Hospitalisation expenses.
  - F. Ambulance charges by road not exceeding Rs.2500/- per hospitalisation, incurred to shift the insured person from Residence/accident site to Hospitals in emergency cases and from one Hospital/Nursing Home to another Hospital/Nursing Home/Diagnostic centre for better care/diagnosis.
- 2.2 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.

### MEDICAL EXPENSES INCURRED UNDER TWO POLICY PERIODS

If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier.

### 3. DEFINITIONS:

- 3.1 **Accident:**  
An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 3.2 **(a) ACUTE CONDITION:**  
Acute condition is a disease, illness/injury that is likely to respond quickly to treatment which aims to return the person to his/her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- (b) CHRONIC CONDITION:**  
A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristic; - it needs ongoing or long term monitoring through consultations, examinations, check-ups, and/or tests – it needs ongoing or long term control or relief of symptoms – it requires your rehabilitation or for you to be specifically trained to cope with it – it continues indefinitely – it comes back or is likely to come back.
- 3.3 **ALTERNATIVE TREATMENTS:**  
Alternative Treatments are forms of treatment other than treatment "Allopathy" or "modern medicine and includes Ayurveda, Unani, Siddha and homeopathy in the Indian Context.
- 3.4 **ANY ONE ILLNESS:**  
Any one illness means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment has been taken.
- 3.5 **Cashless facility:**  
Cashless facility "means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the insured in accordance with the policy terms and conditions, or directly made to the network provider by the insurer to the extent preauthorisation approved.

**3.6 CONGENITAL ANOMALY**

**Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a. Internal Congenital Anomaly which is not in the visible and accessible parts of the body.
- b. External Congenital Anomaly which is in the visible and accessible parts of the body.

**3.7 CONDITION PRECEDENT**

**Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

**3.8 CONTRIBUTION:**

**Contribution** is essentially the right of an insurer to call upon other insurers liable to the same insured, to share the cost of an indemnity claim on a rateable proportion.

**3.9 DAYCARE CENTRE:**

**A day care centre** means any institution established for day care treatment of illness and/ or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under;-

- has qualified nursing staff under its employment
- has all qualified medical practitioner(s) in charge
- has a fully equipped operation theatre of its own where surgical procedures are carried out.
- maintains daily records of patients and will make these accessible to the insurance companies authorised personnel.

**3.10 Day care Treatment:**

**Day care Treatment** refers to medical treatment and or surgical procedure which is

- i. undertaken under general or local anaesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and
- ii. Which would have otherwise required a hospitalisation of more than 24 hours.

Treatment normally taken on an outpatient basis is not included in the scope of this definition.

**3.11 Grace Period:**

**Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

**3.12 HOSPITAL / NURSING HOME**

**Hospital/Nursing Home** means any institution established for in patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital or Nursing Home with the local authorities under the Clinical Establishments, (Registration and Regulation) Act, 2010 or under the enactments specified under the schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under

- i) has at least 10 in-patient beds in towns having a population of less than 10 lacs, and 15 in-patient beds in all other places
- ii) Fully equipped operation theatre of its own wherever surgical procedures are carried out.
- iii) Fully qualified Nursing Staff under its employment round the clock.
- iv) Fully qualified Medical Practitioner(s) in-charge round the clock.
- v) Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

**3.13 Hospitalisation** means admission in a Hospital/Nursing Home for a minimum period of 24 consecutive hours of inpatient care except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours

**3.14 ID Card:** means the identity card issued to the insured person by the TPA to avail cashless facility in network hospitals.

**3.15 ILLNESS:**

**Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

**3.16 INJURY:**

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner.

**3.17 InPatient Care:**

InPatient Care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

**3.18 Intensive Care Unit:**

Intensive Care Unit means an identifies section, ward or wing of a Hospital which is under the constant supervision of a dedicated medical practitioner(s) and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**3.19 Medical**

Any consultation or advice from a medical practitioner/doctor including the issue of any prescription or repeat prescription.

**Advice:****3.20 MEDICAL EXPENSES:**

Medical Expenses means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

**3.21 Medically Necessary:**

Medically necessary treatment is defined as any treatment, test, medication or stay in hospital or part of a stay in a hospital which

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
- must have been prescribed by a medical practitioner;
- must confirm to the professional standards widely accepted in international medical practice or by the medical community in India.

**3.22 Medical Practitioner**

Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or the homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term medical practitioner would include physician, specialist and surgeon. (The Registered practitioner should not be the insured or close family members such as parents, in-laws, spouse and children.)

**3.23 Network Provider:**

Network Provider means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

The list of network hospitals is maintained by and available with the TPA and the same is subject to amendment from time to time.

Preferred Provider Network means a network of hospitals which have agreed to a cashless packaged pricing for certain procedures for the insured person. The list is available with the company/TPA and subject to amendment from time to time. Reimbursement of expenses incurred in PPN for the procedures (as listed under PPN package) shall be subject to the rates applicable to PPN package pricing.

**3.24 Non Network:**

Any hospital, day care centre or other provider that is not part of the network.

**3.25 NOTIFICATION OF CLAIM**

Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address/telephone number to which it should be notified.

**3.26 Pre-Existing Disease – Any condition, ailment or injury or related condition(s) for which you ad signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, within 48 months prior to the first policy issued by the insurer.**

**3.27 PORTABILITY**

Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

**3.28 PRE – HOSPITALISATION MEDICAL EXPENSES:**

Relevant medical expenses incurred immediately 30 days before the insured person is hospitalised will be considered as part of a claim as mentioned under Item 2.1 above provided that;

- i. such medical expenses are incurred for the same condition for which the insured person's hospitalisation was required and
- ii. the inpatient hospitalisation claim for such hospitalisation is admissible by the insurance company.

**3.29 POST HOSPITALISATION MEDICAL EXPENSES:**

Medical expenses incurred immediately after the insured person is discharged from the hospital will be considered as part of a claim as mentioned under Item 2.1 above provided that;

- i. such medical expenses are incurred for the same condition for which the insured person's hospitalisation was required, and
- ii. the inpatient hospitalisation claim for such hospitalisation is admissible by the insurance company.

**3.30 QUALIFIED NURSE** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

**3.31 REASONABLE AND CUSTOMARY CHARGES:**

Reasonable and Customary Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

**3.32 RENEWAL**

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

**3.33 ROOM RENT:**

Means the amount charged by the hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

**3.34 SUBROGATION:** Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

**3.35 Surgery:**

Surgery or surgical procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

**3.36 TPA** means a Third Party Administrator who holds a valid Licence from Insurance Regulatory and Development Authority to act as a THIRD PARTY ADMINISTRATOR and is engaged by the Company for the provision of health services as specified in the agreement between the Company and TPA.

**3.37 UNPROVEN/EXPERIMENTAL TREATMENT**

Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is not based on established medical practice in India.

**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** Any pre-existing condition(s) as defined in the policy, until 48 months of continuous coverage of such insured person have elapsed, since inception of his/her TOP UP MEDICARE Policy with the Company.  
Pre-Existing Condition/Disease definition – Any condition, ailment or injury or related condition(s) for which insured person had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, within 48 months prior to his/her TOP UP MEDICARE policy with the Company.

**N.B.:** In case of persons having any other Health Insurance Policy from any Company with a Sum Insured above Threshold Level at the time of taking this policy, the exclusion period of 48 months for Pre-existing Disease/Condition will be reckoned from the date of inception of the policy for such portion of Sum Insured, including Cumulative Bonus earned if any, above the Threshold Level. If expiring policy sum insured has increased over the years, the 48 months of continuous coverage has to be completed for the incremental sum insured.

- 4.2 Injury / disease directly or indirectly caused by or arising from or attributable to invasion, Act of Foreign enemy, War like operations (whether war be declared or not)
- 4.3
  - 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 of any kind unless it is post animal bite, change of life or cosmetic or aesthetic treatment of any description
  - c. plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- 4.4 Cost of spectacles, contact lenses and hearing aids.
- 4.5 Dental treatment or surgery of any kind unless requiring hospitalisation.
- 4.6 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 intoxication drugs / alcohol
- 4.7 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.
- 4.8 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 or presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home
- 4.9 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician
- 4.10 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials
- 4.11 Treatment arising from or traceable to pregnancy (including voluntary Termination of pregnancy) and childbirth (including caesarean section).
- 4.12 Naturopathy Treatment, acupressure, acupuncture, magnetic and such other Unproven/Experimental treatment including drug experimental therapy, which is not based on established medical practice in India.
- 4.13 External and or durable Medical / Non-medical equipment of any kind used for diagnosis and/or treatment and/or monitoring and/or maintenance and/or support including CPAP, CAPD, Infusion pump, Oxygen concentrator etc., Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, etc., of any kind, Diabetic foot wear, Glucometer/Thermometer and similar related items and also any medical equipment, which are subsequently used at home.
- 4.14 Any kind of Service charges, Surcharges, Admission Fees/Registration Charges levied by the hospital.
- 4.15 All non-Medical expenses. Detailed list is available on our website [www.uiic.co.in](http://www.uiic.co.in).

## 5. CONDITIONS:

The Proposal form, Prospectus, Pre-acceptance Health check-up and the Policy issued shall constitute complete Contract of Insurance.

- 5.1 Every notice or communication regarding hospitalisation or claim under this policy shall be delivered in writing at the address of the TPA office as shown in the Schedule. Other matters with regard to the policy may be communicated to the Policy Issuing Office and the TPA.
- 5.2 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 authorised official of the company. The due payment of premium and the observance and fulfilment 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.

- 5.3 **Notice of Claim:** 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 TPA named in the schedule immediately and in case of emergency Hospitalisation, within 24 hours from the time of Hospitalisation.

In the case of a covered hospitalisation, the costs of which were not initially estimated to exceed the Threshold Level but were subsequently found likely to exceed the Threshold Level, the intimation to the named TPA should be submitted along with a copy of intimation made to the Primary Health Policy TPA/Reimbursement Provider immediately on knowing that the Threshold Level is likely to be exceeded.

- 5.4 All supporting documents relating to the claim must be filed with TPA within 15 days from the date of discharge from the hospital. In case of post-hospitalisation, treatment (limited to 60 days), all claim documents should be submitted within 15 days after completion of such treatment.

**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.

- 5.5 The Insured Person shall obtain and furnish to the TPA with all original bills, receipts, prescriptions, reports and other documents upon which a claim is based and shall also give the TPA / Company such additional information and assistance as the TPA / Company may require in dealing with the claim.

When original bills, receipts, prescriptions, reports and other documents are given to Primary insurer or to the Reimbursement Provider, verified photocopies attested by such other Organisation have to be submitted.

- 5.6 The Insured/Insured Person shall be bound to disclose particulars of all other Policies of Insurance/Reimbursement Schemes under which he/she is covered for Expenses as are covered under this Policy.
- 5.7 Any medical practitioner authorised by the TPA / Company shall be allowed to examine the Insured Person in case of any alleged injury or disease leading to Hospitalisation as may be reasonably required, at the cost of the insurer.
- 5.8 The Company shall not be liable to make any payment under this policy in respect of any claim if such claim is found to be fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.

#### DISCLOSURE TO INFORMATION NORM

The policy shall be void and all premium paid hereon shall be forfeited to the company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

- 5.9 If at the time when a claim arises under the policy, there is in existence any other insurance taken by the insured to indemnify the treatment costs, the insured person shall have the right to require a settlement of the claim in terms of any of his policies. If the amount to be claimed exceeds the sum insured under a single policy, after considering deductibles or co-pay, the insured person shall have the right to choose the insurers by whom the claim is to be settled. In such cases, the Company shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation costs or expenses.

**Note :** The insured person must disclose such other insurance at the time of making the claim under this policy.

- 5.10 **Renewal Clause :**

1. The Company shall renew this policy if the insured shall remit the requisite premium to the Company prior to expiry of the period of insurance stated in the schedule.
2. The Company shall be entitled to decline renewal if;
  - a. Any fraud, misrepresentation or suppression by the insured or on his behalf is found either in obtaining insurance or subsequently in relation thereto or,
  - b. The Company has discontinued issue of the policy, in which event the insured shall however have the option for renewal under any similar policy being issued by the company, provided however benefits payable shall be subject to the terms contained in such other policy.

3. If the insured fails to remit premium for renewal before expiry of the period of insurance, but within 30 days thereafter, admissibility of any claim during the period of subsequent policy shall be considered in the same manner as under a Policy renewed without break. The Company however shall not be liable for any claim arising out of ailment suffered or hospitalisation commencing in the interim period after expiry of the earlier policy and prior to date of commencement of subsequent policy.

#### 5.11 ENHANCEMENT OF SUM INSURED

The insured may seek enhancement of Sum Insured in writing at or before payment of premium for renewal, which may be granted at the discretion of the Company. However, notwithstanding enhancement, for claims arising in respect of ailment, disease or injury contracted or suffered during a preceding policy period, liability of the company shall be only to the extent of the Sum Insured under the policy in force at the time when it was contracted or suffered during the currency of such renewed policy or any subsequent renewal thereof.

Any such request for enhancement must be accompanied by a declaration that the insured or any other insured person in respect of whom such enhancement is sought is not aware of any symptoms or other indications that may give rise to a claim under the policy. The Company may require such insured person/s to undergo a Medical examination to enable the company to take a decision on accepting the request for enhancement in the Sum Insured. 50% of the cost of the Medical examination will be reimbursed to the insured person on acceptance of the request for enhancement of the sum insured.

#### 5.12 Cancellation Clause :

The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending seven 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 premium corresponding to the unexpired period of insurance if no claim has been paid/admitted 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	3/4 <sup>th</sup> of the annual rate
Exceeding six months	Full annual rate.

- 5.13 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.

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

- 5.15 All medical/surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian Currency.

#### 6. PAYMENT OF CLAIM

All claims under this policy shall be payable in Indian currency. All medical/surgical treatments for the purpose of this insurance will have to be taken in India only. Payment of claim shall be made through TPA to the Hospital/Nursing Home or the Insured Person as the case may be.



Upon acceptance of an offer of settlement, the payment of amount due shall be made within 7 days from the date of acceptance of offer by the Insured. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

- 7 Free Look Period – The policy shall have a free look period which shall be applicable at the inception of the policy and;
- i. The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.
  - ii. If the insured has not made any claim during the free look period, the insured shall be entitled to –
    - a. A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or
    - b. Where the risk has already commenced and the opinion of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
    - c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

- 8 IRDA REGULATIONS: This policy is subject to IRDA (Health Insurance) Regulations 2013 and IRDA (Protection of Policyholders' Interest) Regulations, 2002 as amended from time to time.

- 9 GRIEVANCE REDRESSAL: In the event of the policyholder having any grievance relating to the insurance, he/she may contact any of the Grievance Cells at Regional Offices of the Company or Office of the Insurance Ombudsman under the jurisdiction of which the Policy Issuing Office falls. If the grievance remains unaddressed, the insured person may contact the Officer, Uni-Customer care Department, Head Office.

#### 10 OMBUDSMAN

The Insured person can also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The updated list of Office of Insurance Ombudsman are available on IRDA website [www.irda.gov.in](http://www.irda.gov.in) and on the website of General Insurance Council [www.gicouncil.in](http://www.gicouncil.in)

#### 11 IMPORTANT NOTICE

1. 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.
2. 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 IRDA and we shall offer to cover you under such revised/new terms, conditions, exceptions and premium for which we shall have obtained prior approval from the Authority.

\* \* \* \* \*



**UNITED INDIA INSURANCE COMPANY LIMITED**  
**REGISTERED & HEAD OFFICE: 24, WHITES ROAD, CHENNAI-600014**  
**TOP UP MEDICARE POLICY)**  
**SCHEDULE – INDIVIDUAL POLICY**

3 Policy No. Agency Code: Dev.Officer code:

4 Annual Premium : Rs.

5 Name of the Insured :

6 Date of Birth

7 Address of the Insured :

8 Details of the Insured Persons :

Name of Insured person	Age/ Sex	Relationship with the Proposer	Occupation	Date of commencement of first policy	Excluded diseases	Sum Insured opted	Threshold Level	Nominee	Nominee relationship

9 Period of Insurance : From To

10 Details of other Health Insurance Policies – (current and previous)

Name of Insurer	Health Policy no.	Period of Insurance	Sum Insured					TPA
			Insured person-1	Insured person-2	Person-3	Person-4	Person-5	

Notice or communication to be given in respect of a claim or for any other reason to TPA

9 Name and Address of TPA

Name/s of the contact person/s:

Telephone Number/s:

Call centre Telephone number:

10. Proposal and Declaration Dated

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at -----  
 this ----- day of ----- 20

Issuing office

For United India Insurance Co. Ltd.

-----  
 -----

Duly Constituted Attorney.



**UNITED INDIA INSURANCE COMPANY LIMITED**  
**REGISTERED & HEAD OFFICE: 24, WHITES ROAD, CHENNAI-600014**  
**TOP UP MEDICARE POLICY**  
**SCHEDULE – FAMILY POLICY**

1. Policy No. Agency Code: Dev.Officer code:
2. Annual Premium : Rs.
3. Name of the Proposer :
4. Date of Birth
5. Address of the Proposer :
6. Details of the Insured Persons :

Name of Insured person	Age/ Sex	Relationship with the Proposer	Occupation	Date of commencement of first policy	Excluded diseases	Nominee	Nominee relationship

7. Sum Insured - Rs.

8. Threshold Level - Rs.

11 Period of Insurance : From To

12 Details of other Health Insurance Policies (current and previous)

Name of Insurer	Health Policy no.	Period of Insurance	Sum Insured					TPA
			Insured person-1	Insured person-2	Person-3	Person-4	Person-5	

Notice or communication to be given in respect of a claim or for any other reason to TPA

11 Name and Address of TPA

Name/s of the contact person/s:

Telephone Number/s:

Call centre Telephone number:

12. Proposal and Declaration Dated

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at -----  
this ----- day of ----- 20

Issuing office

For United India Insurance Co. Ltd.

-----  
-----

Duly Constituted Attorney.