

GROUP HEALTH (FLOATER) INSURANCE

CUSTOMER INFORMATION SHEET

DISCLAIMER NOTE: The information mentioned below is illustrative and not exhaustive. The information must be read in conjunction with the policy wordings. In case of any conflict between the Customer Information Sheet and the policy wordings, the terms and conditions mentioned in the policy wordings shall prevail.

S. NO.	TITLE	DESCRIPTION	POLICY CLAUSE NUMBER
1.	Product Name	GROUP HEALTH (FLOATER) INSURANCE	
2.	What am I Covered for?	The policy provides indemnification of medical expenses incurred by the Insured during day care treatment, hospitalization, domiciliary hospitalization, for any illness or injury suffered during the Policy Period.	a. Policy schedule
3.	Optional Add On Covers	<ul style="list-style-type: none"> • Cover for Pre-Existing Diseases • Maternity Expenses • Out Patient Department (OPD) Expenses • HIV • Cost of Prescribed External Medical Aid • Baby Day One Cover • Critical Illnesses Cover • Travel Expenses For Medical Treatment • Dental Expenses • Cover for Alternate Methods Of Treatment • Donor Expenses • Ambulance Charges • Pre and Post Hospitalization • Health Check-Up • Disease-Wise Sub-Limit • Domiciliary Hospitalization • Treatment Outside India • Convalescence Benefit • Loss of Wages/Salary Due To Hospitalization (Hospital Daily Cash Allowance) • Cover for Allied Hospital Charges • Limit on Room Rent, Nursing Charges, Consultation Fees, Diagnostic Charges, OT Charges etc. • Wellness & Preventive Care 	d. Benefits covered under the policy
4.	Waiting Period	<ul style="list-style-type: none"> • Initial Waiting Period • Pre Existing Disease: 1 year • Specific Waiting Periods • Maternity Expenses: 9 months 	e. Exclusions
5.	What are the major exclusions in the Policy	<ul style="list-style-type: none"> • Pre-Existing Diseases • Circumcision, plastic surgery • Cost of spectacles, contact lenses, hearing aids, etc. • Dental treatment or surgery of any kind unless requiring hospitalisation. • Convalescence, Sterility, general debility, 	e. Exclusions

		<ul style="list-style-type: none"> • International self-injury and use of intoxicating drugs and/or alcohol • Voluntary medical termination of pregnancy during the first 12 weeks from the date of conception • Naturopathy treatment • (Note: the above is the partial listing of the policy exclusions, Please refer to the policy clauses for the full listings) 	
6.	Payment Basis	<ul style="list-style-type: none"> • Cashless or Reimbursement claims of covered medical expenses up to specified Sum Insured as per the scope of cover 	g. Other terms & conditions
7.	Loss Sharing	<ul style="list-style-type: none"> • In case of a claim, this policy requires you to share the following costs: • Expenses exceeding the sub limits • Room/ICU charges 	a. Policy schedule
8.	Renewal Conditions	<ul style="list-style-type: none"> • The Policy can be renewed as a separate contract under the then prevailing ICICI Lombard Group Health (Floater) Insurance product or its nearest substitute (in case the product ICICI Lombard Group Health (Floater) Insurance is withdrawn by the Company) approved by IRDA. • The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured. 	f. General Terms and Clauses
9.	Cancellation	<ul style="list-style-type: none"> • The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact. • Insured or the Company may cancel this Policy by giving the Company or the insured, as the case may be, 15 days written notice for the cancellation of the Policy, and then the Company shall refund premium on short term rates (if initiated by the insured) or pro rata rates (if initiated by the Company) for the unexpired Policy Period. The Company shall follow the below short period scale unless otherwise mutually agreed. 	f. General Terms and Clauses
10.	Claims	<ul style="list-style-type: none"> • For Cashless Service • Cashless treatment is only available at our Network Providers Please refer www@icicilombard.com for updated list of our Network Providers • For Reimbursement of claim • Claims should be intimated 48 hours prior to Hospitalization or within 24 hours post admission in case of emergency • Document to be submitted within 30 days from the date of completion of treatment 	g. Other terms & conditions
11.	Policy Servicing/Grievances/Complaints	<ul style="list-style-type: none"> • Call the Company at the toll free number 1800 2666 or email us at customersupport@icicilombard.com • In case of Insured is not satisfied, he/she may approach us at the sub section "Grievance Redressal" on www@icicilombard.com Otherwise the Insured may use IGMS • If the issue remains unresolved, Insured may approach Ombudsman 	g. Other terms & conditions
12.	Insured's Obligations	<ul style="list-style-type: none"> • Disclosure of Material Information during the Policy Period 	f. General Terms and Clauses

CIN : L67200MH2000PLC129408

UIN : ICIHLGP21381V052021



ICICI Lombard General Insurance Company LTD
ICICI LOMBARD HOUSE, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025

4016/X/270149168/00/000

GROUP HEALTH (FLOATER) INSURANCE

UIN- ICIHLGP21381V052021 Misc 12

a. Policy Schedule

> Insured Details

Policy Number	: 4016/X/270149168/00/000
Issued At	: MUMBAI
Name of the Insured	: SARU AIKOH CHEMICALS PRIVATE LIMITED
Mailing Address of the Insured	: A 2 And A 3, Delhi Road, Industrial Estate Partapur, Meerut, Uttar Pradesh Pin 250103
Intermediary Details	
Agency/Broker Code	: 4755548
Agency/Broker Name	: SAVITA SHARMA
Agent's/Broker's Mobile No.	: 9358415994
Agent's/Broker's Email ID	: nkumaria01@gmail.com

> Policy Details

Period of Insurance	: From : 00:00 Hours of November 21, 2022 To : Midnight of November 20, 2023
Product	: GHI Non Floater
Total Lives Insured	: 15

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Sum Insured	: Rs. 3,000,000.00
Details of Person Insured	: As per Annexure
Premium Computation	
Basic Premium	: Rs. 28,805.00
Stamp Duty	: (Rs.) 00.50
*Total Premium	: (Rs.) 33,990.90

*Premium value mentioned above is inclusive of taxes applicable

Coverages

1	Sum Insured	: SI is restricted to 'Rs.' 200000 per person during the policy period as per annexure attached herewith.
2	Reasonable and Customary Charges	: Waived Off
3	Age Band	: 91 days to 80 years
4	Add-Del of Lives	: Premium to be charged on Pro Rata Basis for addition/deletion endorsement. No Refund for deletion-if lives less than minimum required and if insured has claimed during policy
5	ID Cards	: Physical Health Card to be issued
6	Health Assistance Services	: Health Assistance is a dedicated medical care service that assists you in all your health related queries for identifying Specialist/Hospital/fixing an appointment with Doctors/Nutritionist /facilitating 2nd opinion, etc. To avail this facility please call our Helpline at 040 6627 4205 (9:30 am to 6 pm Mon to Sat, excluding public holidays) or write to healthassistance@icicilombard.com.
7	Exclusion	: Septoplasty, Infertility and Related Ailments incl.'Male sterility'; Treatment on trial/experimental basis; Admin/Registration/Service/Misc. Charges; Expenses on fitting of Prosthesis; Any device/instrument/machine contributing/replacing the function of an organ; Holter Monitoring are outside the scope of the policy.
8	Day Care Procedures	: Day Care Procedures are Covered as per the standard list
9	Special Condition 1	: Lasik Surgery is covered if correction index is +/-6.5
10	Special Condition 4	: Air Ambulance is covered upto Rs 100,000 or family sum insured whichever is less.
11	Special Condition 6	: Lucentis is covered upto Rs 50,000 Per family within the Sum Insured
12	Special Condition 8	: 50% Co-Pay for cyberknife treatment/Stem Cell Transplantation. Cochlear Implant treatment shall be restricted to 50% of the SI.
13	Termination	: Policy will cease to be in effect from the date of termination of relationship with the organization.
14	First time GHI policy Declaration	: Policy Underwritten considering it as a First time policy
15	Policy Construct	: Employer Employee
16	OPD/IPD	: IPD
17	Claim Intimation and Network clause	: Waived Off

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| 18 | Pre-Post Hospitalisation | : Pre Hospitalisation and Post Hospitalisation for 60-90 days respectively are covered. |
| 19 | Room Rent | : 2% of SI(200000) maximum upto 'Rs.' 4000 for Normal and 4% of SI(200000) maximum upto 'Rs.' 7000 for ICU (inclusive of nursing charges) . If insured is admitted in a higher category, then insured will bear difference of all medical expenses as in final hospital bill in same proportion. |
| 20 | Family Definition | : Employee covered under policy. |
| 21 | Ambulance Service | : Ambulance Charges limited to Rs 1000 per person. |
| 22 | No Pre-Existing Disease | : Pre-Existing diseases are not covered |
| 23 | Domiciliary Hospitalisation | : Excluded |
| 24 | Special Condition | : Policy also covers hospitalization arising out of Psychiatric ailments within a limit of 'Rs.' 30000 as well as treatment of Functional Endoscopic Sinus Surgery within a limit of 'Rs.' 35000 The coverage for treatment of mental illness is also covered upto Rs 30000 within the sum insured. |
| 25 | Claim submission clause | : Claim must be filed within 30 days from the date of completion of treatment. However, the Company may at its discretion consider waiver based on merits of the claim, where there is delay in intimation or in submission of documents due to unavoidable circumstances and it is proved that the delay was for reasons beyond the control of the insured and 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 |
| 26 | Special Condition 2 | : Terrorism is covered |
| 27 | Special Condition 5 | : Attendant charges are cover upto Rs 5,000 (Per life incase case of Employee only policy or else it's Per Family within Family sum insured) if length of stay for the patient is more than 5 days. Add on covers cost pertaining to boarding and lodging of the attendant in a hospital/location prescribed by treating Medical Practitioner on reimbursement basis by presenting original Bills for each cost incurred. |
| 28 | Special Condition 7 | : Internal Congenital disease is covered and External congenital disease is covered in life threatening situation. |
| 29 | Portability | : Portability is available on this product as per IRDA directive and product features |
| 30 | Mid-Term Inclusion | : Mid Term Inclusion of Newly Joined Employees Only |
| 31 | Transaction | : New Business |
| 32 | Service Category | : Both (Cashless + Reimbursement) |
| 33 | 1st year Exclusion | : Applicable |
| 34 | 30 Days Waiting Period | : Waive off |
| 35 | 9 months waiting period | : Not Applicable |
| 36 | Domiciliary Hospitalization | : Excluded |
| 37 | Pre-Post Hospitalization | : 60-90days |

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GROUP HEALTH (FLOATER) INSURANCE

Disease Wise Sublimit

S No.	Diseases	Metro Locations	Non Metro Locations
1	Hydrocele	Rs. 15000	Rs. 12000
2	Piles	Rs. 18000	Rs. 15000
3	Hernia	Rs. 20000	Rs. 18000
4	Appendix	Rs. 20000	Rs. 18000
5	Gall Bladder Surgery	Rs. 22000	Rs. 22000
6	Eye Related	Rs. 25000	Rs. 22000
7	Hysterectomy	Rs. 28000	Rs. 25000
8	Kidney Stone (Incl Dj Stent Removal For Same Stone)	Rs. 35000	Rs. 30000
9	Joint Replacement Including Vertebral Joints	Rs. 85000	Rs. 80000

Conditions

1. No. of Employees : 15
2. No. of Dependants : 0
3. Third Party Administrator (TPA)/ In house : I-HealthCare
For TPA Address and Contact details please visit our website www.icicilombard.com (Download Section)

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Policy shall stand cancelled ab initio in the event of non realisation of the premium.

Disclaimer: This document to be read in conjunction with the Schedule II & Schedule III of the policy.

GSTIN Reg. No : 09AAACI7904G1ZL
IL GIC GSTIN Address : Summit Building B 503 To B 508, Fifth Floor, Plot No Tcg 3 3, Vibhutikhand Gomti Nagar,
Lucknow Uttar Pradesh 226010
HSN SAC code : 997133 GENERAL INSURANCE SERVICES

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited at Mumbai on November 21, 2022.



Authorised Signatory

ICICI Lombard General Insurance Company Ltd.