



**UNITED INDIA INSURANCE COMPANY LIMITED**

VEER SAWARKAR BHAVAN J.M. ROAD, PUNE  
PUNE - 411005 MAHARASHTRA  
PH: (020) 25534038,(020) 25533306 FAX: (20) 25535621 EMAIL:

TAILOR MADE GROUP HEALTH POLICY  
POLICY NO.: 1630002818P100677836

PERIOD OF INSURANCE  
FROM 00:00 Hrs on 02/04/2018  
TO Midnight on 01/04/2019

*Insured*  
**MS BANK OF MAHARASHTRA - HEAD OFFICE**

[STAFF-MEDICLAIM : 2018-19] LOKMANGAL CENTRAL OFFICE,1501,SHIVAJINAGAR,DIST.PUNE.  
I717392756  
PUNE  
MAHARASHTRA  
411005

Agent Name :  
Agent Code :  
Mobile/Landline Number/Email :

LET US JOIN THE FIGHT AGAINST CORRUPTION.  
PLEASE TAKE THE PLEDGE AT [WWW.UIC.CO.IN](http://WWW.UIC.CO.IN)

For any Information, Service Requests and Grievances please write to [163000@uic.co.in](mailto:163000@uic.co.in)  
For ID Cards & Claim Intimations Please contact the TPA mentioned in the Policy document.

REGD. & HEAD OFFICE: 14, WHITES ROAD, CHENNAI - 600014  
Website: [WWW.UIC.CO.ID](http://WWW.UIC.CO.ID)  
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**TAILOR MADE GROUP HEALTH POLICY SCHEDULE**

<b>Policy No.</b>	1630002818P100677836	<b>Previous Policy No.</b>	1630002817P105058344
<b>Name/ID</b>	MS BANK OF MAHARASHTRA	<b>HEAD OFFICE</b>	23015087727
<b>Tel. (O)</b>		<b>Tel.(R)</b>	
<b>E-Mail</b>		<b>Fax</b>	
<b>Business/Occupation</b>	None		
<b>Period of Insurance</b>	From 00:00 To 02/04/2018 To Midnight of 01/04/2019		

<b>Coinsurance</b>	UIIC 163000 : 100%
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<b>No. of Employees</b>	2368	<b>No. of Lives</b>	4367
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<b>Coverage Details:-</b>	
<b>Hospitalization</b>	
<b>Cover Group</b>	
<b>Sum Insured (₹)</b>	27,495,110.23
<b>Total Sum Insured</b>	763,700,000.00
<b>Premium (₹)</b>	27,495,110.23

**Insured Details**  
As Per Annexure Attached.

<b>Premium:</b>	27,813,498.00
<b>CGST (9%):</b>	2,503,214.00
<b>SGST (9%):</b>	2,503,214.00
<b>Stamp Duty:</b>	1.00
<b>Total:</b>	32,819,926.00
<b>Receipt Number:</b>	1011630001810134116
<b>Receipt Date:</b>	25/04/2018
<b>Development Officer Code/ Agent Code:</b>	

It is hereby agreed and understood that, that this insurance being a Group Policy availed by the Insured covering Members, the benefit thereof would not be available to Members who cease to be part of the group for any reason whatsoever. Such members may obtain further individual insurance directly from the Company and any claims shall be governed by the terms thereof.

**6 MATERNITY EXPENSES BENEFIT EXTENSION: (Wherever applicable)**

This is an optional cover, which can be obtained on payment of 10% of total basic premium for all the Insured Persons under the Policy. 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. The hospitalization expenses in respect of the new born child can be covered within the Mother's Maternity expenses. The maximum benefit allowable under this clause will be up to Rs. 50,000/- or the sum insured opted by the group whichever is lower.

Special conditions applicable to Maternity expenses Benefit Extension:

- These Benefits are admissible only if the expenses are incurred in Hospital / Nursing Home as in-patients in India. A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or Caesarean 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.
- 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.
- Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.
- Pre-natal and postnatal expenses are not covered unless admitted in Hospital / Nursing Home and treatment is taken there.

**7** Note: When group policy is extended to include Maternity Expenses Benefit, the exclusion No.4.1.4 of the policy stands deleted. **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.

**8.** **GRIEVANCE REDRESSAL :** In the event of the policyholder having any grievance relating to the insurance, the insured person may submit in writing to the Policy Issuing Office or Grievance cells at Regional Office of the Company for redressal. If the grievance remains unaddressed, the insured person may contact the Officer, Uni-Customer Care Department, Head Office.

**9** **IMPORTANT NOTICE**  
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.

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 Authority 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.

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5.14

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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.

5.15

If the Company has disputed or not accepted liability under or in respect of this policy, it shall be a condition precedent to any right of action or suit upon this policy that awarded by such arbitrator/arbitrators of the amount of the loss shall be first obtained. If the TPA, as per Terms and conditions of the policy, the Company shall disclaim liability for the insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date of receipt of the notice of such disclaimer notify the TPA/ Company in writing that he does not accept such disclaimer and intends to recover the claim from the TPA/Company then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

5.16

All medical/surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency. Payment of claim shall be made through TPA to the Hospital/Nursing Home or the Insured person as the case may be. In the event of delay in the payment, the insurer shall be liable to pay interest at a rate 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.

5.17

Low Claim Ratio Discount (Bonus) or High Claim Ratio loading (Malus) will be applicable to the Premium at renewal of the incurred claim ratio for the entire group insured under the Group Policy. The premium at renewal only depending upon the incurred claim ratio for the entire group insured under the Group Health Insurance Policy for the preceding 3 completed years excluding the year immediately preceding the date of renewal where the Group Health Insurance Policy has not been in force for 3 completed years, such shorter period or completed years excluding the year immediately preceding the date of renewal shall be taken into account.

5.18 High Claims Ratio Loading (MALUS)

The total premium payable at renewal of the Group Policy will be loaded at the following scale depending upon the incurred claim ratio for the entire group insured under the Group Health Insurance Policy for the preceding year (immediately preceding the date of renewal).

Incurred claims ratio under this group policy>Loading	Discount %
Not exceeding 60%	5
Not exceeding 50%	15
Not exceeding 40%	25
Not exceeding 30%	35
Not exceeding 25%	40

  

Incurred claims ratio under this group policy>Loading	Discount %
Between 20% and 100%	0%
Between 101% and 125 %	5%
Between 126 % and 150 %	10%
Between 151 % and 175 %	15%
Between 176 and 200	20%
Over 200 %	Cover to be reviewed

Notes:

- Low Claim Ratio Discount (Bonus) or High Claim Ratio loading (Malus) will be applicable to the Premium at renewal of the policy depending on the incurred claims ratio for the entire Group Insured.
  - Incurred claim would mean claims paid plus claims outstanding in respect of the entire group insured under the policy during the relevant period.
- The insured shall throughout the period of insurance keep and maintain a proper record of register containing the names of all the insured persons and other relevant details as are normally kept in any Institution/ Organisation. The insured shall declare to the company any additions in the number of insured persons as and when arising during the period of insurance and shall pay the additional premium as agreed.

Underwriter Remarks: POLICY TERMS AND CONDITIONS AS PER BION STAFF MEDICAL CLAIM TERMS AND CONDITIONS ATTACHED HERE WITH.

This Schedule and the attached policy shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear.

Customer GST No.:	22AACCB0774B1Z4	Office GST No.:	27AAACU5552C1Z1
SAC Code:	9971	Invoice No. & Date:	28181100677836 & 11/04/2018
Amount Subject to Reverse Charges-NIL			

**Anti Money Laundering Clause:** In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

Date of Proposal and Declaration: 02/04/2018  
 IN WITNESS WHEREOF, this policy has been signed at: DO SHIVAJINAGAR 163000 on this 25th day of April 2018  
 For and On behalf of  
 United India Insurance Co. Ltd.  
 Authorized Signatory  
 Underwritten By: NIN47467 (QUALIFIER/PRIETER)  
 PUNE

The consolidated stamp duty of ₹ 20,000/- has been paid vide certificate no. GRN-MH009942250201718M Insurance Co. Ltd / D.O. 163000 / 1087 / 2018 & e-challan no. GRN-MH009942250201718M dated 29 / 01 / 2018.  
 The stamp duty under this policy is ₹ 1/-

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**Details of TPA**  
Please contact the following TPA for Issue of Identity Cards, Cashless Approvals & Claims Settlement.

<b>Name of TPA</b>	Health India TPA Services PVT.Ltd.		
<b>Address</b>	AMAND COMMERCIAL COMPLEX, 103-B, Pin Code : 400083		
<b>Toll Free number</b>	1800-22-0033		
<b>Contact Details</b>	<b>For General Enquiries</b>	<b>For Cashless approval</b>	<b>For Grievances</b>
<b>Telephone Numbers</b>	022-66867575	022-66867575	022-66867575
<b>Email IDs</b>	contact@healthindiaipa.com	contact@healthindiaipa.com	contact@healthindiaipa.com

**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 insurance was placed it was not possible for him or any other person to give such notice or the claim within the prescribed time-limit.

**5.6** The insured Person shall obtain and furnish to the TPA with all original bills, receipts 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.

**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 if so required.

**5.8** The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.

**5.9** 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.

**5.10** 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.

**5.11** The policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of the policy or of the subsequent renewal thereof. The Company shall not be bound to give notice that such renewal premium is due, provided however that if the insured shall apply for renewal and remit the requisite premium before the expiry of this policy, renewal shall not normally be refused, unless the Company has reasonable justification to do so.

**5.12 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 anything stated hereunder for claims arising in respect of accident, 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 persons to undergo a medical examination to enable the company to take a decision on accepting the request for enhancement in the Sum Insured.

**5.13 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 fifteen 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 last premium corresponding to the unexpired period of insurance if no claim has been paid 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.

PERIOD ON RISK	RATE OF PREMIUM TO BE CHARGED
Up to one month	1/4 th of the annual rate
Up to three months	1/2 th of the annual rate
Up to six months	3/4th of the annual rate
Exceeding six months	Full annual rate.