Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath
x digit LIFE INSURANCE

DUAL INSURANCE

(Health Plus Life Combi Product from Universal Sompo General Insurance Company Ltd. and Go Digit Life Insurance Ltd.)

UIN - UNIHLGP27044V012627

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Sl No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Group Health Insurance Policy (This is the Health Insurance Component of the Combi product) UIN: UNIHLGP26043V062526	-
2	Policy Number	<< >>	-
3	Type of Insurance Product/Policy	**Both Indemnity and Benefit** • Indemnity: Where insured losses are covered up to the Sum Insured under the policy) • Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event. • Both Indemnity and Benefit: (where policy has elements of both the above)	-
4	Sum Insured (Basis) (Along with amount)	• Individual Sum Insured -Where each member has a separate sum insured under the policy), or • Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members. *Individual & Family floater Sum Insured both options available under the Policy. Sum Insured: <5,000 to 1,00,00,000>	-
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	**Base Covers:** **Hospitalization:** The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy year, up to the Sum Insured or as specified in the policy Schedule. (Hospitalization for a minimum period of 24 consecutive hours as in-patient shall be admissible) **Domiciliary Hospitalization / Treatment:**	**8.a** **8.a.1**

		The company shall indemnify the Medical Expenses incurred on the Domiciliary Hospitalization/ Treatment of an Insured Person during the Coverage Period which would otherwise have been covered under Hospitalisation provided that if a claim has been accepted under Hospitalisation, a consolidated claim post full recovery, shall be considered and no separate post-hospitalization medical expenses shall be payable.	
		Day Care Procedures: The day care procedures [listed later and forming part of this document as Day Care Procedures Annexure I] will be covered (Where medically indicated subject to other specific or permanent exclusion mentioned in policy) as part of day care treatment in a hospital up to the limit of SI.	**8.a.2**
		Pre-Hospitalization: The company shall indemnify pre-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period as opted for by the insured and as mentioned in policy schedule prior to the date of admissible hospitalization covered under the policy.	**8.a.3**
		Post-Hospitalization: The company shall indemnify post-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period from the date of discharge from the hospital as opted for by the insured and as mentioned in policy schedule, following an admissible hospitalization covered under the policy.	**8.a.4**
		Coverage For Modern Treatments Or Procedures: The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to the limit specified in the Policy Schedule / Certificate of Insurance against each procedure during the policy period. 1 Oral Chemotherapy 2 Immunotherapy – Monoclonal Antibody to be given as injection 3 Intra vitreal injections 4 Uterine Artery Embolization and HIFU 5 Balloon Sinuplasty 6 Deep Brain stimulation 7 Robotic Surgeries 8 Stereotactic radio surgeries 9 Bronchial Thermoplasty 10 Vaporisation of the	**8.a.5**

		prostate (Green Laser treatment or holmium laser treatment) 11 IONM – (Intra Operative Neuro Monitoring) 12 Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered 13) Any other treatment using advanced technology as specified in the policy schedule **Top Up Cover:** The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed to pay the Medical Expenses in excess of deductible stated in the Policy Schedule on per admissible claim basis. However, the total liability of the Company under this Policy for payment of any admissible claim during the Policy Period shall not exceed the Sum Insured as stated in the Policy Schedule / Certificate of Insurance. **Super Top Up Cover:** The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed to pay the Medical Expenses in excess of deductible stated in the Policy Schedule on per year basis. However, the total liability of the Company under this Policy for payment of any and all admissible Claims in aggregate during the Policy Period shall not exceed the Sum Insured as stated in the Policy Schedule. **Extensions:** **Pre-Existing Disease Waiting Period Waiver:** Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, waiting period applicable to all Pre-Existing Diseases for each Insured Person before benefits are payable under the Policy is waived off. **Specific Waiting Period Waiver:** Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, specific waiting period applicable for any claims in relation to listed conditions, surgeries/treatments as mentioned under Exclusion Code 02: a) Is waived off, Or b) Is modified to 12 months. **Initial Waiting Period for Hospitalization Waiver:** Notwithstanding anything to the contrary	**8.b** **8.c** **9.1** **9.2**

		in the Policy, it is hereby declared and agreed that, on payment of additional premium, 30 days waiting period applicable for any claims in relation to a Hospitalization of the Insured Person including any Medical Expenses incurred there of: a) Is waived off. Or, b) Is modified to 15 days.	
		Obesity/ Weight Control Expenses Extension: Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Code 06 is deleted. For the purpose of this extension, expenses related to the surgical treatment of obesity are included under the scope of cover up to the limit specified in Policy Schedule.	**9.3**
		Change-of-Gender Treatments Expenses Extension: Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Code 07 stands deleted. For the purpose of this extension, expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex are included under the scope of cover up to the limit specified in Policy Schedule.	**9.4** **9.5**
		Cosmetic or Plastic Surgery Expenses Extension: Notwithstanding anything to the contrary in the Policy it is hereby declared and agreed that, on payment of additional premium, Exclusion Code 08 stands deleted. For the purpose of this extension, expenses for cosmetic or plastic surgery or any treatment to change appearance other than for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured are included under the scope of cover up to the limit specified in Policy Schedule.	**9.6**
		Hazardous or Adventure Sports Expenses Extension: Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Code 09 stands deleted. For the purpose of this extension, expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to	

		para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving, are included under the scope of cover up to the limit specified in Policy Schedule.	**9.7**
		Sterility and Infertility Treatment Expenses Extension: Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Code 17 stands deleted. For the purpose of this extension expenses related to sterility and infertility which include: • Any type of contraception, sterilization • Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI • Gestational Surrogacy • Reversal of sterilization are included under the scope of cover up to the limit specified in Policy Schedule.	**9.8**
		Maternity Expenses Extension with Baby-Day-One Cover: Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Serial No 2.E.15 / Exclusion Code 18 stands deleted. a) Without waiting period. Or, b) With waiting period of 9 months. For the purpose of this extension, i Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; ii Expenses towards miscarriage and the related lawful medical termination of pregnancy during the policy period. are included under the scope of cover up to the limit specified in Policy Schedule.	**9.9**
		OPD Expenses Extension: Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Specific Exclusion ().1 stand deleted. For the purpose of this extension, medical expenses [excluding expenses related to pregnancy and child-birth] incurred by the Insured as an Outpatient are included under the scope of cover up to the limit specified in Policy Schedule.	
		Maternity OPD Expenses Extension: Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Specific	**9.10**

		Exclusion ().1 stands deleted. For the purpose of this extension, maternity-related medical expenses incurred by the Insured as an Outpatient are included under the scope of cover up to the limit specified in Policy Schedule subject to the Insured opting for Cover Maternity Expenses Extension with Baby-Day-One Cover.	
		Global Coverage: The Company will reimburse for Medical Expenses of the Insured Person incurred outside India for not more than 180 consecutive days up to the sum insured, provided that a] the diagnosis was made in India and referred by Medical Practitioner for which the insured member(s) travels abroad for treatment and b] prior approval from the Company is taken before travelling abroad for treatment.	**9.11**
		Non-medical Expenses Cover: Notwithstanding anything to the contrary contained in the Policy, it is hereby declared and agreed that, on payment of additional premium, expenses otherwise not payable as specified under List-I of Annexure A mentioned shall be considered and paid by the Company.	**9.12**
		Treatments related to maternity complications and life-threatening conditions Notwithstanding anything to the contrary contained in the Policy, it is hereby declared and agreed that, on payment of additional premium, in-patient hospitalization expenses related to maternity complications and life-threatening conditions shall be payable under this extension. Exclusion Maternity Expenses (Code – Excl 18) stands deleted for the purpose of this extension. Subject to terms and conditions of the policy.	**9.13**
		Loss of Job due to illness and injury and/or Retrenchment The Company will pay an amount as specified in the Policy Schedule / Certificate of insurance, equal to the EMI Amount which is due on the Insured's outstanding Loan in the number of months immediately following loss of active employment, till the reinstatement of employment with the same employer or new employer, during the policy period either due to a) Medically Necessary hospitalization due to Illness/Injury/Disability which renders the insured	**9.14**

		person unable to perform his duties as an employee. or b) Involuntary Termination, Lay-offs, Downsizing, Organization Closure. **Add-Ons:** **Critical Illness:** On payment of additional premium, We will pay the Critical Illness [CI] Sum Insured for the chosen CI Plan as a lump sum in addition to pay-out under this Policy provided that: a) The Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period, and the Insured Person survives at-least 30 days following such diagnosis, b) This benefit is payable once during the Policy Period and would terminate on the occurrence of the first Critical Illness. The Insured Person shall receive the sum insured as per applicable guidelines post which the benefit will cease and coverage under this benefit would not be renewed any further. However the other insured members (if any) will continue to be covered under this benefit if opted. c) This benefit is offered only on Individual Sum Insured basis. **Additional Ambulance Charges:** The company will pay the ambulance expenses incurred for Ambulance Expenses up to the maximum amount as specified in Policy Schedule per valid hospitalization claim for transferring the Insured member(s) to the nearest Hospital with adequate facilities, if a claim is accepted under In-patient hospitalization. **Corporate Buffer:** The Company will provide additional Sum Insured specified in the Policy Schedule available to the Insured Members of the Policy who have exhausted their Sum Insured for the Policy Year. This Sum Insured will be available at the Group level on a Float basis as per the conditions specified in the Policy Schedule, provided that: a) Any Benefit accrued under this cover cannot be carried forward to the subsequent Coverage Period. b) All other terms, exclusions and conditions contained in the Policy or endorsed thereon remains unchanged.	**9.16** **10.1**

		Organ Donor Expenses: The Company will pay the in-patient Hospitalization Medical Expenses for a successful organ transplant including pre-transplant medical tests for legitimate donor and for harvesting the organ up to the sum insured mentioned in policy schedule.	**10.2**
		Daily Cash Cover: If an Insured Person requires Hospitalization due to an Illness or Injury, We will pay the daily benefit amount subject to deductible as specified against this Benefit in the Policy Schedule. This benefit will be payable provided that: a) Our liability to make any payment under this benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Insured Person for each claim. b) This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Policy Schedule for each Coverage Period.	**10.3**
		Restoration of Sum Insured: The Company will provide a 100% restoration of Sum Insured Unlimited times in a policy year or as mentioned in the policy schedule if the opted Sum Insured is exhausted or rendered insufficient as a result of previous claims in that policy year.	**10.4**
		Wellness Benefits: The Company covers below listed benefits to help the Insured person(s) maintain his/her health and wellness by offering services and incentivizing with rewards. Below benefit are provided under wellness-	**10.5**
		1. **Everyday Care -** The insured person can avail discounts on outpatient consultation, pharmaceuticals and diagnostics tests through our empanelled Network providers. It includes i. OPD Consultation, ii. Diagnostic Services, iii. Pharmacies. 2. **Complete Wellness & Healthcare -** The Company offers a comprehensive program to maintain the health and overall wellbeing of the insured person. It includes i. Health Risk Assessment (HRA), ii. Electronic Health Records, iii. Health Screening. 3. **Health Coach:** The insured person will be assigned a dedicated Health Coach who will take care of the complete wellbeing of the Insured Person(s).	**10.6**

		4. **AI Powered Wellness Services:** The insured will be offered the below mentioned AI based Health monitoring wellness services designed to enhance the overall health and wellness experience for insured's by offering personalized and data-driven insights 5. **Teleconsultation:** The company offers the consultations with general practitioner conducted remotely via video, audio, or text, focusing on preventive care, health education, and early detection of potential health risks. 6. **Elderly Care**: The insured person will have services related to elderly care as mentioned below. I. Elder App II. Assistance III. Emergency Co ordination IV. Elder Helpdesk V. Elder Healthcare 7. **Vision Care**: The company will provide Charges incurred towards vision tests and related expenses for the Medical Expenses listed below, in respect of the Insured Person, if specified under the Policy Schedule/ Certificate of Insurance **Emergency Assistance Services:** The company will provide the below services which will be available when the Insured/Insured member(s) is/are more than 150 kilometers away from their residential address as provided in the Proposal Form. The services would be provided by the company or through an appointed Service provider, with prior intimation and acceptance by the Company. This benefit includes- a) Medical Consultation, Evaluation and Referral, b) Medical Monitoring and Case Management- A team of doctors, nurses, and other medically, c) Emergency Medical Evacuation, d) Medical Repatriation (Transportation), e) Compassionate Visit, f) Care of Minor Child (ren), g) Return of Mortal Remains, h) Foreign Hospital Admission Assistance, i) Prescription Assistance, j) Interpreter & Legal Referrals, k) Lost Luggage & Document Assistance, l) Pre-trip Information, m) Mobile App Services. **Accident Benefit Cover:** If during the period of insurance an insured person sustains any bodily injury or affliction because of Accident, which	**10.7**

		solely and directly causes any of the contingencies opted for as cover. Death/Disappearance- Up to opted Capital Sum Insured [CSI] Permanent Total Disablement [PTD] - As opted for by the Insured at inception of policy Percentage of CSI. Permanent Partial Disablement [PPD]- As opted for by the Insured at inception of policy Percentage of CSI for specified bodily Injury that results in total, irrevocable, absolute and continuous loss or impairment of a body part or sensory organ under policy. Temporary Total Disablement [TTD]- Per week benefit not exceeding the Capital Sum Insured as mentioned in the Schedule.	**10.8**
		Dental Treatment Cover: The Company will reimburse the medical expenses related to dental treatment and cost of denture incurred by the Insured during the Policy Period. This benefit shall be limited to maximum amount as mentioned in Policy Schedule. The 24-hour hospitalization requirement under the policy will stand waived for this cover.	
		Medically Advised Support Devices: The Company will reimburse the charges incurred by Insured during the Policy Period on account of procuring medically necessary prosthetic or artificial devices or any other medical device prescribed by the Registered Medical Practitioner as arising due to Hospitalisation. This benefit shall be limited to maximum amount as mentioned in Policy Schedule.	**10.9**
		Benefit Cover for Pandemic/Epidemic Diseases (including COVID-19): The Company will pay the Sum Insured as a lump sum amount mentioned in the Policy Schedule in case the Insured Person is diagnosed as suffering from the Pandemic / Epidemic diseases provided it occurs or manifests itself during the policy period as a first incidence.	
		External Congenital Ailment Cover: The Company will indemnify the medical expenses incurred by the Insured Person for External Congenital Disease or Defects or anomalies up	**10.10**

		to the maximum amount as mentioned in Policy Schedule.	
		Cost of Health Checkup: The Company will reimburse the expenses incurred for the preventive health check-ups for Insured Person specified in the Policy Schedule / Certificate of Insurance.	**10.11**
		Hospital Cash to Parents: The Company will pay In case of Hospitalization of Children up to Age 12 years, Cash allowance of per day subject to a maximum limit as specified in Policy Schedule, will be given to Parent Insured Person.	
		Funeral Expenses: The Company will pay In case of death of any of the insured persons following hospitalization with valid claim under the Policy, Funeral expenses of upto Sum Insured will be paid under the Policy. This amount will be over and above base Sum Insured under the Policy.	**10.12**
		No Claim Bonus: **a. Enhancement in Sum Insured:** The company will increase the Base Annual Sum Insured by 10% at the end of the Policy Year if the Policy is renewed with Us.	**10.13**
		b. Discount in Premium: No Claim Discount will be offered to an Insured Person at the renewal, in the event of no claim made in the policy year. This discount will be offered as per the defined grid mentioned below for every renewal where there is no claim, this will be available for maximum up to 5 years.	**10.14**
		If a claim is made in any particular year, the discount accrued shall be reduced at the same rate at which it has accrued.	**10.15**
		Second Opinion: The Company will reimburse expenses incurred by Insured Person towards a second opinion from Network Medical Practitioner if an Insured Person is diagnosed with the below mentioned Illnesses during the Policy Period.	**10.16**
		Home Care Treatment:	

		The Company will reimburse the cost incurred towards Home Care Treatment up to the sum insured mentioned in the Policy Schedule. Home Care Treatment means a treatment availed by the Insured Person at home which in normal course would require care and treatment at a Hospital, but it is actually taken at home for Pandemic Disease.	**10.17**
		Loss of Income: The Company will pay to an Insured Person for loss of Income if they cannot engage in their primary occupation and lose their source of income due to an Illness or Injury during the Policy Period and amount as specified in the Policy Schedule / Certificate of insurance	
		EMI Protection: The Company will pay an amount as specified in the Policy Schedule / Certificate of insurance, equal to the EMI Amount which is due on the Insured's outstanding Loan in the number of months immediately following the date of such occurrence where Insured Person undergoes Medically Necessary hospitalization during the Policy Period.	
		Errors & Ommission: The Company will consider number of lives as specified and subject to conditions mentioned in Policy Schedule / Certificate of Insurance to add in Mid Term of the Policy on account of Error & Omissions, Subject to availability of the Premium.	**10.18**
		Global coverage including Travelling Cost, Boarding and Lodging for treatment outside India: The company will reimburse the cost of medical treatment along with the travelling cost and cost pertaining to boarding and lodging attendant in a country outside India for not more than 180 consecutive days up to the sum insured	**10.19**
		Annual cancer screening for Cancer diagnosed patients: The company will reimburse the Medical Expenses incurred up to the limit specified in the Policy Schedule for an Annual Screening Package for the Insured Person(s)	**10.20**
		Preferred Hospital Coverage: If this Optional Benefit is opted, then Policyholder is entitled for a reduction in the total premium (which includes premium of Base Benefits,	**10.21**

		Optional Benefits payable as specified in the Policy Schedule **Addition of Critical Illness:** On payment of additional premium, We will pay the Critical Illness [CI] Sum Insured as a lump sum in addition to pay-out under this Policy. **E consultation Services:** The Company will offer e-consultations with qualified General Physicians at our network during the Policy Year through any mode of communication (Voice/Video Call /Chat /Email Chat/etc.) **Bereavement Cover:** 100% of the claim amount will be paid to the employee if he/she passes away during the Hospitalization **Snake Bite Cover:** We will cover the medical expenses related to the snake bite, the limit for the same will be as mentioned in the policy schedule **Caretaker Charges:** The company will cover the caretaker charges in case of Post Hospitalization for the insured person. This add on can only be utilized in case of Post Hospitalization only and limits for this coverage cannot exceed the base Sum Insured. **BENEFIT RESTRICTION OPTION:** **Only Accidental Hospitalization Cover:** The Company will pay reasonable and customary charges that are medically necessary and incurred by you in respect of an admissible claims for Hospitalisation as well as the related Extensions and Add-ons will be available only for injury [as per definition by IRDAI] during the policy period. **Only Illness Hospitalization Cover:** The Company will pay reasonable and customary charges that are medically necessary and incurred by you in respect of an admissible claims for Hospitalisation as well as the related Extensions and Add-ons will be available only for illness [as per definition IRDAI] during the policy period.	**10.22** **10.23** **10.24** **10.25** **10.26** **10.27**

		Limited Hospitalization Cover: In-patient Hospitalisation Benefit has been modified as below: i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home – With a per day upper limit up to 5% of Sum Insured ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses - With a per day upper limit up to 10%of Sum Insured	**10.28**
		Restricted Contingency Cover: The Company will pay reasonable and customary charges that are medically necessary and incurred by you in respect of an admissible claims for Hospitalisation as well as the related Extensions and Add-ons will be available only for the named illness during the policy period.	**10.29** **10.30**
		Capped Compensation Cover: The Company will pay reasonable and customary charges that are medically necessary and incurred by you in respect of an admissible claims for Hospitalisation subject to the disease-wise agreed capped percentage or maximum amount as specified in schedule.	**11**
		Co-payment: each and every claim under the Policy shall be subject to an agreed Co-payment in percentage of admissible and payable claim amount as specified in the schedule as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.	**11.1**
		Voluntary Excess: The Insured/Claimant shall bear the first opted amount (in Indian Rupees) of each and every claim under Hospitalisation for which the Insured is to be indemnified by this policy, the voluntary excess shall apply per event per insured person.	**11.2**
		Reimbursement Only Cover: It is hereby declared and agreed that payment of hospitalization claims under the policy shall be through the reimbursement mode and cashless facility shall neither be sought nor extended.	**11.3**

			11.4
			11.5
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			11.8

6	Exclusions (What the policy does not cover)	**Exclusions: -** 1) Investigation & Evaluation (Code- Excl04) 2) Rest Cure, Rehabilitation and Respite Care (Code- Excl05) 3) Obesity/ Weight Control (Code- Excl06) 4) Change-of-Gender Treatments: (Code- Excl07) 5) Cosmetic or plastic Surgery: (Code- Excl08) 6) Hazardous or Adventure sports: (Code- Excl09) 7) Breach of law: (Code- Excl10) 8) Excluded Providers: (Code-Excl11) 9) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12) 10) Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13) 11) Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14) 12) Refractive Error:(Code- Excl15) 13) Unproven Treatments:(Code- Excl16) 14) Sterility and Infertility:(Code- Excl17) 15) Maternity (Code – Excl 18) **SPECIFIC EXCLUSION:** 1. Any expenses incurred on OPD treatment. 2. Treatment taken outside the geographical limits of India. 3. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.	12.1-15, 12. E.2.1-30, 12. I-XIII

		4. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or noninvasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3. 5. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; 6. Malignant melanoma that has not caused invasion beyond the epidermis; 7. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0 8. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; 9. Chronic lymphocytic leukaemia less than RAI stage 3 10. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, 11. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs; 12.Other acute Coronary Syndrome 13.Any type of angina pectoris 14.A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure. 15.Angioplasty and/or any other intra-arterial procedures 16.Transient ischemic attacks (TIA) 17. Traumatic injury of the brain 18.Vascular disease affecting only the eye or optic nerve or vestibular functions. 19.Other stem-cell transplants 20.Where only islets of langerhans are transplanted 21. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse. 22. Other causes of neurological damage such as SLE. 23. Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord. 24. Traumatic Injury of the aorta. 25. Parkinson's disease secondary to drug and/or alcohol abuse.	

		26. Any kind of Psychological counselling, cognitive / family / group / behaviour / palliative therapy, or other kinds of psychotherapy for which Hospitalisation is not necessary shall not be covered. 27. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds. 28. Nuclear, chemical or biological attack or weapons. **Exclusions Applicable to Accident Benefit Cover:** I. Disease, illness, sickness, ill-health, infection and ailment of all kinds unless proximately caused by accident II. Suicide or attempted Suicide, intentional self-inflicted injury, acts of selfdestruction whether the Insured Person is medically sane or insane. III. Any Pre-existing condition or any complication arising from the same. IV. Pregnancy or childbirth or any consequence thereof. V. Consequential losses of any kind or actual or alleged legal liability VI. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family. VII. Foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or airforce operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power. VIII. Medical or surgical treatment except as necessary solely and directly as a result of an Accident. IX. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us. X. The Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime,	

		misdemeanour or civil commotion with criminal intent. XI. Use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen. XII. Insured Persons whilst engaging in any Adventure Sports and activities unless otherwise specifically modified by the Policy. XIII. Ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.	
7	Waiting Period • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage.	1. **Pre-Existing Diseases (Excl-01):** Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us. 2. **Specific Waiting Period (Excl-02):** Expenses related to the treatment of the following listed conditions, surgeries/ treatments shall be excluded until the expiry of 24/36 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. **List of specific diseases/procedures-** i.) **24 Months waiting period:** 1. Benign ENT disorders 2. Tonsillectomy 3. Adenoidectomy 4. Mastoidectomy 5. Tympanoplasty 6. Hysterectomy 7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps 8. Benign prostate hypertrophy 9. Cataract and age related eye ailments 10. Gastric/ Duodenal Ulcer 11. Gout and Rheumatism 12. Hernia of all types 13. Hydrocele 14. Non Infective Arthritis 15. Piles, Fissures and Fistula in anus 16. Pilonidal sinus, Sinusitis and related disorders 17. Prolapse inter	12.a.1,2,3

		Vertebral Disc and Spinal Diseases unless arising from accident 18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy. 19. Varicose Veins and Varicose Ulcers **ii.) 36 Months waiting period** 1. Treatment for Joint Replacement due to Degenerative Condition 2. Age-related Osteoarthritis & Osteoporosis. **3. First Thirty (30) Days Waiting Period:** Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.	
8	Financial limits of coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) ii. Co-payments (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured). iii. Deductible (It is a specified amount: - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more	The policy will pay only up to the limits specified hereunder for the following diseases/procedures: *There is Sublimit under policy – applicable with respective benefit as mentioned in policy schedule, If Opted *There is no Co-payment under policy – applicable with respective benefit as mentioned in policy schedule, If Opted *There is no Deductible under policy - applicable with respective benefit as mentioned in policy schedule, If Opted	-

	than the specified amount) iv. Any other limit (as applicable)		
9	Claims/Claims Procedures	Claims Procedures: **1. Procedure for Cashless claims:** Cashless Process Follow below steps to avail Cashless facility through our In house Health Claims Management: Step I: Locate nearest Hospital by visiting our website or web portal or call our Health Helpline 1800 200 4030. Step II: Visit Network hospital and show your Health Serve Card issued by the company along with Valid Photo ID proof and get 'Cashless Request Form' from Insurance helpdesk of the hospital. Step III: Fill your details in the 'Cashless Request Form' & submit it to the Hospital Insurance helpdesk. Step IV: Hospital verifies the patient details and sends duly filled Cashless Request Form to Universal Sompo Step V: Universal Sompo Health team will review and judge the admissibility of the Cashless Request as per Policy Terms &Conditions and the same will be communicated to Insured and Hospital with in 60 mins for Initial Cashless request & 3 hrs for discharge request on their registered mobile number & Email ID respectively. Cashless Anywhere You can now avail cashless facility from non-network hospitals. To avail the treatment under cashless from non-network hospitals, please find the below steps. Prior Intimation is required for processing cashless from non-network hospitals: ➢ Inform us (Toll Free Helpline – 1800 200 4030) minimum 48 hours before admission for planned hospitalization and with 24 hours of admission for emergency hospitalization across India. Mail us at contactus@universalsompo.com	G. 1-5

		3. Procedure for Reimbursement claims: Reimbursement Process Follow below steps to avail reimbursement facility through our In house Health Claims Management: Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at contactus@universalsompo.com and inform about your claim. Step II: Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital. Step III: Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement. Universal Sompo General Insurance Company Limited, Health Claims Management Office, 1st FloorC-56- A/13, Block- C Sector- 62, Noida, Uttar Pradesh, Pincode: 201309 Step IV: On receipt of document your claim will processed as per Terms & Conditions of policy and the same will be communicated over SMS & Email. Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim. Claim Documents submission checklist: I. Claim form duly filled and signed by the Insured II. Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment. III. All treatment papers of current ailment including previous treatment papers if any. IV. Original Discharge Card from the hospital, Indoor Case Papers. V. All original medical Investigation reports (viz. X-ray, ECG, Blood test etc). VI. Original hospital bill and receipts. VII. Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription. VIII. NEFT details and Personalized cancelled cheque/ Passbook copy in	

		the name of proposer for electronic fund transfer. IX. Valid Photo ID Proof of the patient. X. For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report). XI. Copy of latest valid address proof of proposer like electricity bill, water bill or telephone bill or updated bank statement along with copy of PAN card & Aadhaar Card as per AML/KYC Norms. XII. Latest Loan account statement(s) with NEFT of Financial institution if applicable XIII. Current outstanding Loan certificate(s) from financer, along with the documents submitted if applicable XIV. Loan disbursement letter(s) along with the payment record till the date of Accident if applicable XV. Repayment schedule showing the EMI details if applicable XVI. Certificate from the employer of the Insured person confirming the retrenchment from employment of the Insured person furnishing the date of retrenchment from employment of the Insured person if applicable XVII. Details of severance remuneration by the employer if applicable The above list of documents is indicative. In case of any further document requirement, our team shall contact you on receipt of your claim documents by us. **3. Notification of Claim Notice with full particulars shall be sent to the Company as under:** i. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier. ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization. **4. Claim Settlement (provision for Penal Interest):** **i** The Company shall settle or reject a claim, as the case may be, within 15 days from the date of submission of the claim.	

		ii In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt date of receipt of intimation to till the date of payment. iii However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 15 days from the date of submission of claim. iv In case of delay beyond stipulated 15 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of intimation to till the date of payment. . **5. Payment of Claim:** All claims under the policy shall be payable in Indian currency only	
10	Policy Servicing	**Universal Sompo General Insurance Co. Ltd.** Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708 **Toll Free Numbers:** 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030 **Landline Numbers:** (022) 39133700 (Local Charges Apply) **E-mail Address:** contactus@universalsompo.com. **Note**: Please include Your Policy number for any communication with us.	
11	Grievances/ Complaints	**Grievances:** **Resolving Issue** Write to: Customer Service Universal Sompo General Insurance Co.Ltd. Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708 Email: grievance@universalsompo.com For More details, visit – www.universalsompo.com **Visit Branch Grievance Redressal Officer (GRO)** - Walk into any of our nearest branches and request to meet the GRO. **Grievance Redressal Officer** In case, the customer is not satisfied with the decision/resolution of the above office or have	F.1.11

		not received any response, he/she may write or email/mail to: Customer Service Universal Sompo General Insurance Co.Ltd. Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708 Email ID: GRO@universalsompo.com **Insurance Ombudsman** Bima Bharosa Portal link: https://bimabharosa.irdai.gov.in/ The customer can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any. The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site: https://www.cioins.co.in/Ombudsman. Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at https://www.gicouncil.in/, the Consumer Education Website of the IRDAI at http://www.policyholder.gov.in, or from any of Offices of the Company.	
12	Things to remember	**1. Free Look cancellation:** You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy to review the terms and conditions of the policy, and to return the same if not acceptable. The Free Look Period shall be applicable on new individual/Group health insurance policies and not on renewals or at the time of porting/migrating the policy. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or iii. Where only a part of the insurance coverage has commenced, such proportionate	F.1.6,7,12,13,15

		premium commensurate with the insurance coverage during such period **2. Policy renewal:** The policy is ordinarily renewable, except on grounds of established fraud, non disclosure, misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn. **3 Migration:** The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per the IRDAI guidelines on Migration at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months. **4 Portability**: The insured person will have the option to port the policy to other insurers as per IRDAI guidelines related to portability at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability **5. Change in Sum Insured:** Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured. **6. Moratorium Period:** After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum	

		insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period. Disclose any Material Information about Your Current/Recent Medical History, Past Medical History, Hospitalisation History, Accidental Injury history, Any Surgical Procedure history & or Congenital Diseases/Disorder birth defect. You can reach out at us for disclosure of Material Information- **Universal Sompo General Insurance Co. Ltd.** ➢ Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708 ➢ Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030 ➢ Landline Numbers: (022) 39133700 (Local Charges Apply) E-mail Address: contactus@universalsompo.com	

Declaration by the Policy Holder

I have read the above and confirm having noted the details.
Place:
Date: (Signature of the Policy)

Note:
i. For Product related documents including Customer Information Sheet, kindly refer to the below link: https://www.universalsompo.com/resources-downloads
ii. In case of ant conflict, the terms & conditions mentioned in the policy document shall prevail.

This document provides key information about your policy. You are also advised to go through your policy document, **aka, if you are short on time, this quick read is a must!** 😊

S.No.	Title	Description in simple words (Please refer to applicable Policy Clause Number in next column)		Certificate of Insurance Clause Number (When you have time, go through in detail!)
1	**Name of the Insurance Product and Unique Identification Number (UIN)**	**Digit Life Group Long Term Plan** (UIN: 165N002V01) **(This is the Life Insurance Component of the Combi product)**		
2	**Policy Number**	<Certificate of Insurance No.>		
3	**Type of Insurance Policy**	Pure Risk		
4	**Basic Policy Details**	**Instalment Premium**	₹ <Amount>	
		Mode of premium payment	<Single> / <Annual> / <Half-Yearly> / <Quarterly> / <Monthly>	
		Sum Assured on Death	₹ <Amount>	
		Sum Assured on Maturity	<Not Applicable> / <₹ Amount>	
		Premium Payment Term	<_____> Years	
		Policy Term	<_____> Years	
5	**Policy Benefits/Coverage Payable**	Benefits payable on Death		Clause 2.1
		Benefits payable on Maturity		Clause 2.4
		Survival Benefits excluding those payable on Maturity		Clause 2.4
		Surrender Benefits		Clause 5
		Options to policyholders for availing benefits, if any, covered under the policy.		Clause 1, 2.1
		Other Benefits/options payable, specific to the policy, if any		Clause 2.2, 2.3, 3
6	**Riders opted, if any**	Not Applicable		
7	**Exclusions (events where insurance coverage is not payable), if any.**	Suicide Exclusion		Clause 7
		Exclusions to Critical Illness Benefit/ Multi-Stage Cancer Benefit		Annexure I
		Exclusions to Additional Hospitalization Benefit		
		Exclusions to Additional Accidental Death Benefit		
		Exclusions to Accidental Total and Permanent Disability Benefit		
		Exclusions to Additional Personal Accident Benefit		
8	**Waiting /lien Period, if any**	**Waiting Period** is the duration from the risk start date or policy revival date, during which specific policy benefits are not payable. **Waiting Period:** **Critical Illness Benefit & Multi-Stage Cancer Benefit** – 90 days **Additional Hospitalization Benefit** – 45 days **Survival Period** is the duration for which the insured person has to survive from the date of the first diagnosis of covered Critical Illness Condition to be eligible for receiving Critical Illness Benefit		Annexure I

		Survival Period **Critical Illness Benefit** – 30 days	
9.	**Grace Period**	**Grace Period** is the additional time provided to the policyholder for paying premiums, after the premium due date, to keep the policy benefits intact. **Grace Period applicable** – • 15 days for monthly mode of premium payment • 30 days for annual, half-yearly, quarterly modes of premium payment	Clause 8
10.	**Free Look Period**	**Free Look Period** is the time given to a policyholder, at the start of the policy term, to re-assess the policy and to get a refund of premium subject to applicable deductions, if they decide to not continue with the policy. **Free Look Period applicable** - 30 days	
11	**In Force, Lapse, Reduced Paid-Up, Revival and Surrender of the Policy**	**In Force** means status of the Policy is active, all due Premiums have been paid and the Policy is not terminated or in Lapsed Status or in Reduced Paid-Up status i.e. the covers are in force and applicable Benefits would become payable. **Lapsation** means state of a non-active life insurance policy due to non-payment of Premium within the Grace Period i.e. If due premiums are not paid till the end of the grace period, the policy is said to enter lapsed status i.e. the covers/benefits of the policy cease. **Reduced Paid-Up** – A paid-up insurance policy is one where the policyholder stops paying further due premiums but continues the life insurance policy and the coverage. The sum assured on death and other applicable benefits, if any, in such cases reduce to a value based on the number of premiums paid till date. This is applicable only after paying a certain number of premiums, as defined in the terms and conditions of the Policy. **Revival** – A policyholder can revive a lapsed or Reduced Paid-up Policy. A Policy can be revived by paying all the due premiums and late fee, if any. Revival can be done during the policy term and within five years from the due date of first unpaid premium only. **Surrender** - Policyholder can completely withdraw / terminate the policy before the maturity date. This can be done when the policy acquires Surrender Value i.e. on paying certain number of premiums, as mentioned in the terms & conditions of the Policy. Once the Surrender Value is paid, the policy terminates.	Part B, Definition No. 27 Clause 4 Clause 4 Clause 8 Clause 5
12	**Policy Loan, if applicable**	Not Applicable to this policy	Clause 6
13	**Claims/Claims Procedure**	**Turn Around Time (TAT) for claims settlement** - 15 days for non-investigative cases and 45 days for investigative cases	
		Claims Procedure – **Step -1:** Register a claim using any of the below methods – a. (Preferred) Email Us at ***lifeclaims@godigit.com*** OR b. Call Our helpline number: 9960126126/18002962626 OR c. Intimate Us in writing at Our nearest branch or Corporate Office (address given below). We recommend the above two methods, as Our address may have changed over the years. **Claims department** Go Digit Life Insurance Limited	Clause 10

		Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095 **Step – 2:** Email Us all the claim documents on ***lifeclaims@godigit.com*** You can also send us all the claim documents at the above mentioned 'Claims department' address.	
		Helpline/Call Centre/Whatsapp number – 9960126126/18002962626	
		Contact details of the insurer - **Address** - Go Digit Life Insurance Limited Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095 **Contact No.** – 9960126126/18002962626 **Email ID** - ***lifeclaims@godigit.com***	
		Link for downloading claim form and list of documents required including bank account details. <Link>	
14	**Policy Servicing**	**Turn Around Time (TAT)** -7 working days from the date the last document is received	
		Helpline/Call Centre number – 9960126126/18002962626	
		Contact details of the insurer – **Address** - Go Digit Life Insurance Limited Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095 **Contact No.** – 9960126126/18002962626 **Email ID - *life@godigit.com***	
		Link for downloading applicable forms and list of documents required including bank account details. <Link>	
15	**Grievances /Complaints**	**Contact details of Grievance Redressal Officer of the insurer** **Address:** The Chief Grievance Redressal Officer Go Digit Life Insurance Limited. Atlantis,95,4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095 **Contact No.** – 9960126126/18002962626 **Email ID** - ***lifegro@godigit.com***	Clause 15
		Link for registering the grievance with the insurer's portal - ***https://www.godigit.com/life/grievance-redressal-procedure#disclaimerModal***	
		Contact details of Ombudsman For latest updated list of Ombudsman Office addresses and contact details, kindly visit the following website. ***https://www.cioins.co.in/Ombudsman***	Clause 15

Declaration by the Member

I have read the above and confirm having noted the details.

<Name of Member>

(Signature of Member)

The document is being electronically shared and the receipt of the same is considered as an acknowledgement. In case of any query or concern, you may feel free to connect with us at the provided contact details within freelook period.

DUAL INSURANCE
UIN - UNIHLGP27044V012627

Place: Date:

For the product related documents including the Customer Information sheet please refer to the following web-link: Digit Life Insurance Policy Documents and Brochures

Note: *In case of any conflict, the terms and conditions mentioned in the policy document shall prevail. Basically, we want you to go through the details as well for full clarity!*