



AAPAT SURAKSHA BIMA POLICY **PROSPECTUS**

Aapat Suraksha Bima Policy is a lump sum payment cover to support the insured against a sudden and unexpected expenditure on diagnosis of the listed Critical Illnesses covered under the policy or when the Insured Person meets with Death/ Permanent Total Disablement on account of accident.

ELIGIBILITY

- Entry age for you (the proposer) is 18 years
- Maximum entry age for adults is 65 years
- Entry age for the dependent child is 5 years and can be covered till 25 years of age under the Policy
- Policy renewals will be renewable till 65 years of age
- Persons of any Nationality may avail the benefits of the policies but claims will be accepted only if the diagnosis is said to have been confirmed by labs, tests conducted in India by Medical Practitioner.

Eligibility for coverage under Group Policy

The Group Policy for Aapat Suraksha Bima can be offered to any proposed Group which falls clearly under any of the following categories:

- i) Employer-Employee relationship including dependants of the employee.
- ii) Pre-identified Segment/Group where the premium is paid by the State/Central Govt.
- iii) Members of Registered Service Clubs.
- iv) Holders of Credit Cards of Bank/Diners/Master/Visa Travel related Services.
- v) Holders of Depositor Certificate by Banks/NBFCs.
- vi) Shareholders of Banks/Public Limited Companies.
- vii) All members who have common identification, interest but this common identification, interest should not be initiated for the purpose of having benefit of Insurance Policy and availing Group Discount.

POLICY COVERAGE

Aapat Suraksha Bima undertakes to pay a lump sum amount as selected by the proposer on happening of a medical eventuality covered in the policy.

The policy pays one time payment equal to the sum insured on diagnosis of five critical illnesses, Accidental Death and Permanent Total Disablement resulting from an accident.

SECTION I: CRITICAL ILLNESSES

- a) Stroke resulting in permanent symptoms (Paralytic Stroke)
- b) Cancer of specified severity
- c) Kidney Failure requiring regular dialysis (Renal failure)
- d) First Heart Attack of specified severity (Coronary Artery Disease)
- e) Major Organ /Bone Marrow Transplant

SECTION II: PERSONAL ACCIDENT

- a) Accidental Death: The nominee gets a onetime payment equal to Capital Sum Insured if the insured dies in an accident.



- b) Permanent Total Disablement: The insured is entitled to receive the percentage of the capital sum insured as per the table of benefit if he suffers a permanent and total loss of limbs, sight in an accident.

TABLE OF BENEFITS		% OF CAPITAL SUM INSURED
1.	Death	100
2.	a) Loss of sight (both eyes) b) Physical separation of or loss of ability to use both hands or both feet c) Physical separation of or loss of ability to use one hand and/ or both feet d) Loss of sight of one eye and physical separation of or loss of ability to use either one hand or one foot	100 100 100 100
3.	a) Loss of sight of one eye b) Physical separation of or use of ability to use one hand or one foot.	50 50
4.	Permanent Total and absolute disablement	100

What Is Not Covered Under The Policy?

EXCLUSIONS SPECIFIC TO CRITICAL ILLNESS/ SURGICAL PROCEDURE

1. Pre-existing diseases

Pre-existing diseases will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Policy with Us; but:

If You are presently covered and have been continuously covered without any break under:

- i) Similar health insurance plan with an Indian insurer for coverage of critical illnesses
OR
- ii) any other similar health insurance plan from Us, then, Pre-existing diseases exclusion of the Policy stands deleted and shall be replaced entirely with the following:
 - i) The waiting period for all Pre-existing diseases shall be reduced by the number of Your continuous preceding years of coverage under the previous similar health insurance Policy;
AND
 - ii) If the proposed Sum Insured for You is more than the Sum Insured applicable under the previous similar health insurance Policy, then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous similar health insurance Policy

2. 90 days waiting period

A waiting period of 90 days will apply to any claim under this section unless:

- i. You have been insured under this Policy continuously and without any break in the previous Policy Year, or
- ii. You were insured continuously and without interruption for at least 1 year under any other Indian insurer's similar health insurance Policy for covering critical illness risks, and You establish to Our satisfaction that You were unaware of and had not taken any advice or medication for such illness or treatment.
- iii. If You renew with Us or transfer from any other insurer and increase the Sum Insured, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased

NB: The reduction in the waiting periods specified above shall be applied subject to the following:



- i) We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance Company (if applicable);
 - ii) We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous similar health insurance Policy even if You have submitted to Us all documentation
 - iii) We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance Policy shall not be considered for waiting period waiver
3. Death within 30 days following the diagnosis of the Critical Illness
 4. Any critical Illness which arises or is caused by any one of the following:
 - a. Dry addiction, alcoholism, smoking of more than 30 cigarettes/cigars or equivalent intake of tobacco in a day and any complication, consequences arising there from.
 - b. Any Insured person suffering from Human T.Cell Lymphotropic Virus Type III (HTLV-III) or Lymphadenopathy Associated Viruses (LAV) or the Mutant derivatives or Variations Deficiency Syndrome or any Syndrome or a condition of similar kind referred to as AIDS. The onus shall always be on Insured Person to show any event was not caused by or did not arise through AIDS or HIV.
 5. Any claim if a critical Illness is caused directly or indirectly or contributed to/by or arising from:
 - a. Ionizing Radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel or nuclear weapon materials.
 - b. War, Invasion, Act of foreign enemy, Hostilities, Civil war, Rebellion, Revolution, Insurrection, Mutiny, Military or usurped Power, Seizure, Capture, Arrest, Restraints and Detainments of all kinds, Princes of whatever nation conditions or quality so ever.
 6. Payment under Accidental Benefits arising out of the following:
 - a) Committing or attempting suicide, intentional self-injury.
 - b) Whilst under influence of intoxicating liquor.
 - c) Drug addiction or alcoholism.
 - d) Whilst engaged in any adventurous sports.
 - e) Committing any breach of law with criminal intent.
 - f) War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion or loot or pillage in connection herewith.
 - g) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.

EXCLUSIONS SPECIFIC TO PERSONAL ACCIDENT

1. Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement.
2. Any other payment after a claim under one of the benefits 1,2,3 and 4 in Table of benefits has been admitted and becomes payable.
3. Any payment in case of more than one claim under this section during any one period of Insurance by which our liability in that period would exceed CSI
4. Payment of compensation in respect of injury as a consequence of
 - a) Committing or attempting suicide, intentional self-injury.
 - b) Whilst under influence of intoxicating liquor.
 - c) Drug addiction or alcoholism.
 - d) Whilst engaged in any adventurous sports.
 - e) Committing any breach of law with criminal intent.
5. War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure,



capture, assault, restraint, nationalization, civil commotion or loot or pillage in connection herewith.

6. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self sustaining process of nuclear fission.
7. The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.

CONDITIONS UNDER THE POLICY

1. Policy term: the term of the Policy shall be 12 months from date of commencement of policy

2. Cancellation

By Us:- We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person upon 30 days notice by sending an endorsement to Your address shown in the Schedule without refund of premium.

By You:- You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

Period of Risk Expired	Rate of Premium to be charged
Upto 1 month	25% of annual premium
Upto 3 months	50% of annual premium
Upto 6 months	75% of annual premium
Above 6 months	100% of annual premium

3. Loading/ Discounting under the Policy (Applicable only under group policies)

Group Discount under the Policy:- We will provide Group discounts as mentioned below under group policies when numbers of persons covered exceeds 25.

Total No. of members	Group Discount
25 to 100	5%
Up to 300	10%
Up to 500	12.50%
> 1000	15%

Low Claim Ratio Discount (Bonus):- We will provide you with Low Claims discount as mentioned below under group policies when claims ratio experience of the group is as per below

Incurred Claims Ratio under the Policy	Discount %
Not exceeding 60%	5
Not exceeding 50%	15
Not exceeding 40%	25
Not exceeding 30%	35
Not exceeding 25%	40

High Claim Ratio Loading (Malus):- We will apply loading as mentioned below when the claims experience of the group is as per below.



Incurred Claims Ratio under the Policy	Loading %
Between 80% and 100%	25
Between 101% and 125%	55
Between 126% and 150%	90
Between 151% and 175%	120
Between 176% and 200%	150
Over 200%	Cover to be reviewed

4. Renewal:

- a. Your Policy shall ordinarily be renewable till 65 years of age except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You/ any of the Insured Persons
- b. The Renewal of a Policy sought by You shall not be denied arbitrarily. If denied, We shall provide You with cogent reasons for such denial of Renewal.
- c. We shall provide for a mechanism to condone a delay in Renewal up to 30 days from the due date of Renewal without deeming such condonation as a Break in Policy. However coverage shall not be available for such period.
- d. If You move into a higher age band, the premium will increase at the next Renewal. However, this Policy will not be subject to any alteration in premium rates generally introduced until the next Renewal.
- e. If the Policy is not renewed within the Grace Period then We may agree to issue a fresh Policy subject to Our underwriting criteria and no continuing benefits shall be available from the expired Policy.
- f. All premiums are payable in advance of any cover under this Policy being provided.
- g. The basic premium applicable under the Policy may be revised at a later stage subject to approval from IRDA.
- h. We shall provide You with a substitute similar health insurance product if You have reached maximum renewable age under the Policy and suitable credits (continuity benefits) for all the previous policy years that You have been covered shall be provided to You if the Policy has been maintained without break.

5. Free Look Period

We shall give You a Free Look Period at the inception of the Policy and:

- 1. You 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.
- 2. If You have not made any claim during the Free Look period, You shall be entitled to
 - a) A refund of the premium paid less any expenses incurred by Us on Your medical examination and the stamp duty charges or;
 - b) where the risk has already commenced and the option of return of the Policy is exercised by You, 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.

6. Substitute Product

In case We may decide to withdraw this product under which this Policy is issued to You or where You have reached the maximum renewal age under the Policy or where You cease to be member of group when You are covered under a group policy issued by Us, We shall provide You with an option to buy a substitute health insurance Policy from Us.

You will be given the Portability credit based on the number of years of continuous and uninterrupted insurance cover under this Policy towards the waiting periods in the new substitute health insurance Policy issued by Us



7. Portability

If You were insured continuously and without a break under another Indian retail health insurance policy covering critical illness risks with Us or any other Indian General Insurance company, it is understood and agreed that:

- a) If You wish to exercise the Portability Benefit, We should have received Your application with complete documentation at least 45 days before the expiry of Your present period of insurance;
- b) This benefit is available only at the time of renewal of the existing similar health insurance policy.
- c) The Portability Benefit shall be applied subject to the following:
 - 1. Your proposal shall be subject to Our medical underwriting
 - 2. We reserve the right to modify or amend the terms and the applicability of the Portability Benefit in accordance with the provisions of the regulations and guidance issued by the Insurance Regulatory and Development Authority as amended from time to time

8. Three Months notice:

We shall give You notice in the event We may decide to revise, modify or withdraw the product. Such notice shall be given to You at least three months prior the date when such modification or revision or withdrawal comes into effect. We also promise You that

- i. In case of modification or revision, the notice given to You shall detail the reasons for such revision or modification, in particular the reason for an increase in premium (if any) and the quantum of such increase.
- ii. The product shall be withdrawn only after due approval from the Insurance Regulatory and Development Authority. However, if You do not respond to Our intimation in case of such withdrawal, the Policy shall be withdrawn on the Renewal date and We shall provide You with an option to migrate to a substitute product offered by Us, subject to portability conditions.

9. Sum Insured Options

For Critical Illness Section, the Policy is designed for Sum Insured of Rs 25,000/- , Rs 50,000/- & Rs. 1, 00,000/-. The Capital Sum Insured under Personal Accident (Death and Total Permanent Disablement only) shall be double the amount chosen under Critical Illness Section.

10. Premium Table

AAPAT SURAKSHA- PREMIUM TABLE - (ANNUAL PREMIUM)**				
Sr. No.	Age Group	Premium for Critical Illness SI Rs 25000/- and PA Rs 50000/-	Premium for Critical Illness SI Rs 50000- and PA Rs 100000/-	Premium for Critical Illness SI Rs 100000/- and PA Rs 200000/-
1	0-25	120	240	480
2	26-35	145	290	580
3	36-40	170	340	680
4	41-45	220	440	880
5	46-50	295	590	1180
6	51-65	395	765	1530

***Premium is Exclusive of GST*

All premiums under the Policy shall be payable in advance in a single instalment

Tax Benefits: the premium paid for Critical Illness shall be eligible for tax deduction under 80 D of the Income Tax Act, 1961 (Tax benefits are subject to change as per change in tax laws, please consult your tax advisor for details)



11. Sum Insured enhancement

The Sum Insured under the Policy can only be enhanced on renewal subject to approval from underwriter.

12. Grace Period

A grace period of 30 days is being provided under the policy. You will be treated as continuously covered in terms of continuity of benefit during such Grace Period. However, we shall not be liable for any claim for the period for which the premium is not received by us.

Claims Procedure

1. Claim Intimation

In the unfortunate event of any loss or damage to the insured property resulting into a claim on this policy, please intimate the mishap IMMEDIATELY to our Call Centre at Toll Free Numbers on 1-800-22-4030 (for MTNL/BSNL users) or 1-800-200-4030 (other users) or on chargeable numbers at +91-22-27639800/+91-22-39133700. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.

2. Submission of documents

Details as given in claim form should be submitted to the Company with a period of 30 days from date of intimation.

Claim Documents:

You must submit any or all of the below mentioned document(s) as requested by us for settling your claim within 30 days from date of intimating the claim.

In case of Death

- a. Policy Copy
- b. Post Mortem Report (certified copies) - as applicable
- c. F.I.R. or Death report or Inquest Panchnama (in original or certified copies)-
- d. Spot Panchnama (certified copies)- if applicable
- e. Death certificate (in original or certified copy)

In case of Permanent Total Disablement

- a. Policy Copy
- b. Disability certificate - Authorized Medical Practitioner of the district/ units concerned, (certificate) stating percentage of disablement
- c. F.I.R. and Panchnama wherever applicable (original or certified copies)
- d. Medical report/ Investigation reports like laboratory test, X-rays and reports essential of confirmation of the type and percentage of disability
- e. Original medical bills

In case of Critical Illnesses

- a. Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill and any attachments thereto like receipts or prescriptions in support of any amount claimed)
- b. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
- c. A precise diagnosis of the treatment for which a claim is made.
- d. A detailed list of the individual medical services and treatments provided and a unit price for each.

Our Obligations

1. We shall settle claim(s), including its rejection, within thirty days of the receipt of the last necessary claim document



2. We shall have no liability under this Policy, once the Sum Insured (Maximum Limit of Liability) with respect to any of the Sections, is exhausted by You
3. All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.
4. We shall condone delay on merit for delayed claims where the delay is proved to be beyond Your control

For all your service requests e-mail us at contactus@universalsampo.com. All your claims under the Policy shall be directly serviced by Us.

STATUTORY WARNING:

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebates as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Ten Lakh Rupees.

Please Note:

The prospectus contains only an indication of cover offered, for complete details on terms, conditions, coverages and exclusions please get in touch with us or our agent and read policy wordings carefully before concluding a sale. Insurance is a subject matter of solicitation.

Universal Sampo General Insurance Co. Ltd.

Express IT Park, Plot No EL 94, T.T.C. Industrial Area, M.I.D.C.,
Mahape, Navi Mumbai-400710,

Toll Free Numbers: 1-800-224030 (For MTNL/BSNL users) or 1-800-2004030.