



## National Insurance Company Limited

Regd. Office 3, Middleton Street, Post Box 9229, Kolkata 700 071

CIN - U10200WB1906GOI001713

IRDA Regn. No. - 58

### National Mediclaim Policy

#### PROSPECTUS

#### 1.1 Product

The policy covers hospitalisation expenses (cashless/reimbursement) reasonably and necessarily incurred for treatment of illness/disease or injury contracted/sustained during the policy period. The policy also covers 140+ day care procedures/surgeries, expenses for 30 days of pre hospitalisation and 60 days of post hospitalisation.

#### 1.2 Coverage

- i. In patient hospitalisation – Expenses for hospitalisation more than 24 hrs subject to following sub limits
  - a. Room, boarding including nursing care, RMO charges, administration charges for IV fluids/ blood transfusion/ injection – 25% of sum insured for any one illness  
Room charges Limit: 1% of sum insured per day subject to maximum of ₹5,000.  
ICU charges Limit: 2% of sum insured per day subject to maximum of ₹10,000
  - b. Medical practitioner's, surgeon, anaesthetist, consultants, specialist's fees - 25% of sum insured for any one illness
  - c. Anaesthesia, blood, oxygen, OT charges, surgical appliance, medicine, drugs, implants, diagnostic tests, organ donors expenses, ambulance charges - 50% of sum insured for any one illness  
(Ambulance charges - 1% of sum insured subject to a maximum ₹2,000 in a policy period)
- ii. Day care procedures – Expenses for 140+ day care procedures, listed in the policy, which require less than 24 hours hospitalisation
- iii. Pre and post hospitalisation – Expenses related to medical diagnosis or procedure that resulted in hospitalisation and incurred during the period up to 30 days prior to hospitalisation and up to 60 days after discharge from hospital. Pre & post hospitalisation expenses will be considered as part of hospitalisation claim
- iv. Ayurveda and Homeopathy - 20% of sum insured for any one illness

#### 1.3 Good health incentives

##### 1.3.1 Cumulative bonus (CB)

Sum insured (excluding CB) will be increased by 5% in respect of each claim free policy period (no claims are reported), provided the policy is continuously renewed with the company without a break subject to maximum of 50% of the sum insured (excluding CB) under the current policy period.

In case of claim under the policy in respect of insured person who has earned the CB, the increased percentage (CB) will be reduced by 5% of sum insured (excluding CB) on the next renewal. However sum insured (excluding CB) will be maintained and not be reduced.

##### 1.3.2 Health checkup

Expenses of health checkup will be reimbursed once at the end of a block of four continuous policy periods provided no claims are reported during the block and the policy has been continuously renewed with the company without a break. Expenses payable is a maximum of 1% of the average sum insured (excluding CB) of the block. Claim for health checkup benefits may be lodged at least 45 days before the expiry of the fifth policy period.

#### 1.4 Hospitalisation Options

The policy provides for cashless facility and/ or reimbursement of hospitalisation expenses for treatment of disease, illness or injury.

Cashless facility is available only in network providers, if opted for TPA service, subject to prior approval by the TPA. Preferred Provider Network (PPN) is a hospital which has agreed to a cashless packaged pricing for certain procedures for the insured persons. The list is available with the company/TPA and subject to amendment from time to time.

#### 2.1 Other benefits

##### 2.1.1 Family discount

Discount of 10% in the total premium is allowed if policy is bought for family, comprising the insured person and any one or more of the family members as mentioned below

- i. Spouse
- ii. Dependent children
- iii. Dependent parents

##### 2.1.2 Tax rebate

The insured person can avail tax benefits for the premium paid, under Section 80D of Income Tax Act 1961.

#### 2.2 Eligibility

- i. Policy can be availed by persons between the age of 18 years and 65years.
- ii. Children between the age of 3 months and 18 years may be covered, provided parent(s) is/are covered at the same time.
- iii. Policy can be availed for self and the following family members
  - a. Spouse
  - b. Dependent legitimate or legally adopted children
    - Dependent child up to 18 years of age
    - Dependent male child above 18 years and up to 25 years, if a bona-fide student and not employed
    - Dependent female child if not employed, till marriage

- c. Parents
  - d. Brother up to 25 years, if a bona-fide student and not employed
  - e. Sister if not employed, till marriage
  - f. Parent-in-laws
- iv. Midterm inclusion of family members at pro-rata premium is allowed only in case of:
- a. newborn between the age of 3 months and 6 months
  - b. spouse within 60 days of marriage
- (Family members other than above may be included only at renewal)
- v. The policy is also available to senior citizens covered for SI between ₹15,000 and ₹45,000, opting for a higher SI between ₹50,000 and ₹5,00,000

### 2.3 Sum insured (SI)

- i. The SI options available range from ₹50,000 to ₹5,00,000 in multiple of ₹25,000.
- ii. The proposer has the option of selecting same SI for each family member or separate SI for different members.
- iii. Senior citizens covered for SI between ₹15,000 and ₹45,000 in multiple of ₹5,000 may continue with the same sum insured on renewal but subject to the revised premium rates
- iv. SI between ₹15,000 and ₹45,000 is not available to senior citizens who take the policy for the first time.

### 2.4 Enhancement of sum insured

- i. Sum insured can be enhanced only at the time of renewal.
- ii. Sum insured can be enhanced up to ₹5,00,000, subject to discretion of the company.
- iii. For the incremental portion of the SI, the waiting periods and conditions as mentioned in exclusion 4.1, 4.2, 4.3 will apply. Coverage on enhanced sum insured will be available after the completion of waiting periods.

### 2.5 Policy period

The policy is issued for a period of one year.

### 2.6 Buying the Policy

The policy can be bought

- i. online from <http://niconline.in>, for proposer and insured person up to 50 years of age if availing Policy for the first time
- ii. from our offices
- iii. from our agents

### 2.7 Completion of proposal form

- i. The proposal form is to be completed in all respects (including personal details, medical history of insured person) and to be submitted to the office or to the agent.
- ii. If a person is insured under health insurance policy of any other non life insurance company and wants to port (switch) to National Mediclaim Policy, the portability and proposal form will have to be completed and submitted to the office or to the agent.
- iii. In case of senior citizens covered for SI between ₹15,000 and ₹45,000 opting for a higher SI between ₹50,000 and ₹5,00,000 the proposal form will have to be completed and submitted to the office or to the agent

### 2.8 Pre policy checkup

- i. Pre policy checkup is required for persons 50 years and above, availing the policy for the first time, including midterm inclusion.
- ii. Pre policy checkup is not required in case of persons 50 years and above, porting from any non-life insurance company provided the previous policy has been maintained without a break.
- iii. Pre policy checkup is not applicable to senior citizens covered for SI between ₹15,000 and ₹45,000 opting for a higher SI between ₹50,000 and ₹5,00,000
- iv. The Company will reimburse 50% of the expenses incurred for pre policy checkup, if the proposal is accepted.
- v. The reports required are -
  - a) Physical examination (report to be signed by the Doctor with minimum MD (Medicine) qualification)
  - b) Blood sugar (fasting/ post prandial)
  - c) Lipid profile
  - d) Serum creatinine
  - e) Urine routine and microscopic examination
  - f) ECG
  - g) Eye checkup (including retinoscopy)

The date of medical reports should not exceed 30 days prior to the date of proposal.

### 2.9 Payment of premium

- i. Premium is based on age and sum insured.
- ii. The proposer has the option of claims being serviced by TPA (in which case cashless facility/reimbursement of expenses will be available) or the company (in which case expenses will be reimbursed). If cashless facility is to be availed, the premium payable is inclusive of TPA charges. If cashless facility is not required, the premium payable is without TPA charges.
- iii. Premium as per the premium table attached is to be paid in full before the commencement of the policy.
- iv. Premium can be paid online for both, new policy and renewals.

### 2.10 Renewal of policy

Policy can be renewed annually throughout the lifetime of the insured person.

The policy may be renewed by mutual consent before the expiry of the policy.

The company is not bound to send renewal notice.

Renewal of policy can be denied on grounds of fraud, moral hazard or misrepresentation or noncooperation.

In the event of break in the policy a grace period of 30 days is allowed. Coverage is not available during the grace period.

### 3 Policy Definition

**3.1 Any one illness** means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the hospital/nursing home where treatment has been taken.

**3.2 Hospitalisation** means admission in a hospital as an inpatient for a minimum period of 24 consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Relaxation to 24 hours minimum duration for hospitalisation is allowed in

- i. Day care procedures/surgeries (as listed in Appendix –I of the policy) where such treatment is taken by an insured person in a hospital/day care centre (but not the outpatient department of a hospital).
- ii. Any other surgeries/procedures (not listed in Appendix –I of the policy) which due to advancement of medical science require hospitalisation for less than 24 hours and for which prior approval from company/TPA is mandatory.

**3.3 Network provider** means hospitals or health care providers enlisted by the company or by a TPA and the company together to provide medical services to an insured person on payment by a cashless facility.

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

**3.5 Pre-existing disease** means any condition, ailment or injury or related condition(s) for which the insured person had signs or symptoms and/or was diagnosed and/or received medical advice/ treatment within 48 months prior to the first policy issued by the company.

**3.6 Third Party Administrator (TPA)** means any entity, licenced under the IRDA (Third Party Administrators - Health Services) Regulations, 2001 by the Authority, and is engaged, for a fee by the company for the purpose of providing health services.

### 4 Exclusions

The company shall not be liable to make any payment under the policy in respect of any expenses incurred in connection with or in respect of:

#### 4.1 Pre-existing diseases

All pre-existing diseases when the cover incepts for the first time until 48 months of continuous coverage has elapsed. Any complication arising from pre-existing ailment/disease/injuries will be considered as a part of the pre existing health condition or disease.

To illustrate if a person is suffering from either hypertension or diabetes or both at the time of taking the policy, then policy shall be subject to following exclusions.

<b>Diabetes</b>	<b>Hypertension</b>	<b>Diabetes and Hypertension</b>
Diabetic Retinopathy	Coronary Artery Disease	Diabetic Retinopathy
Diabetic Nephropathy	Cerebro Vascular Accident	Diabetic Nephropathy
Diabetic Foot/wound	Hypertensive Nephropathy	Diabetic Foot/wound
Diabetic Angiopathy	Internal Bleeding/ Haemorrhage	Diabetic Angiopathy
Diabetic Neuropathy		Diabetic Neuropathy
Hyper/Hypoglycaemic shock		Hyper/Hypoglycaemic shock
Coronary Artery Disease		Coronary Artery Disease
		Cerebro Vascular Accident
		Hypertensive Nephropathy
		Internal Bleeding/ Haemorrhage

#### 4.2 First 30 days waiting period

Any disease contracted by the insured person during the first 30 days from the inception of the first policy. This shall not apply in case the insured person is hospitalised for injuries, suffered in an accident which occurred after inception of the first policy.

#### 4.3 Specific waiting period

Following diseases/treatments are subject to a waiting period mentioned below.

- i. **One year waiting period**
  - a. Benign ENT disorders
  - b. Tonsillectomy/Adenoidectomy/Mastoidectomy/Tympanoplasty
- ii. **Two years waiting period**
  - a. Cataract
  - b. Benign prostatic hypertrophy
  - c. Hernia
  - d. Hydrocele
  - e. Congenital internal disease
  - f. Fissure/Fistula in anus
  - k. Pilonidal sinus
  - l. Gout and Rheumatism
  - m. Hypertension and related complications
  - n. Diabetes and related complications
  - o. Calculus diseases
  - p. Surgery of gall bladder and bile duct

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|--|---|
| <ul style="list-style-type: none"> <li>g. Piles (Haemorrhoids)</li> <li>h. Sinusitis and related disorders</li> <li>i. Polycystic ovarian disease</li> <li>j. Non-infective arthritis</li> </ul> | <ul style="list-style-type: none"> <li>excluding malignancy</li> <li>q. Surgery of genito-urinary system excluding malignancy</li> <li>r. Surgery for prolapsed intervertebral disc unless arising from accident</li> <li>s. Surgery of varicose vein</li> <li>t. Hysterectomy</li> </ul> |
|--|---|
- iii. **Four years waiting period**
- a. Treatment for joint replacement due to degenerative conditions
  - b. Age related osteoarthritis and osteoporosis.

#### **4.4 HIV, AIDS, STD**

Any condition directly or indirectly caused to or associated with Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), complications of AIDS and other Sexually Transmitted Diseases (STD).

#### **4.5 General debility, congenital external anomaly**

General debility, run down condition or rest cure, congenital external disease or defects or anomaly.

#### **4.6 Sterility, infertility, assisted conception**

Sterility, infertility/sub fertility, assisted conception procedures.

#### **4.7 Pregnancy**

Treatment arising from or traceable to pregnancy/childbirth including caesarean section, miscarriage, surrogate or vicarious pregnancy, abortion or complications thereof including changes in chronic conditions arising out of pregnancy other than ectopic pregnancy which may be established by medical reports.

#### **4.8 Refractive error**

Surgery for correction of eye sight due to refractive error.

#### **4.9 Obesity**

Treatment for obesity or condition arising there from (including morbid obesity) and any other weight control and management program/services/supplies or treatment.

#### **4.10 Psychiatric disorder, intentional self inflicted injury**

Treatment for all psychiatric and psychosomatic disorders/diseases, intentional self-inflicted injury, attempted suicide.

#### **4.11 Genetic disorders, stem cell surgery.**

#### **4.12 Circumcision unless necessary for treatment of a disease (if not excluded otherwise) or necessitated due to an accident.**

#### **4.13 Vaccination or inoculation unless forming part of treatment and requires hospitalisation.**

#### **4.14 Cosmetic, plastic surgery, sex change, hormone replacement**

Cosmetic or aesthetic treatment of any description, change of life or sex change operation, hormone replacement therapy. Expenses for plastic surgery other than as may be necessitated due to illness/ disease/ injury.

#### **4.15 Massages, spa, steam bath, naturopathy, experimental treatment**

Massages, spa, steam bath, shirodhara, udhwarthanam, abhyangam, kayasekham and similar treatment. Expenses for naturopathy, experimental medicine/treatment, unproven procedure/treatment, alternative treatment (other than ayurveda and homeopathy), acupuncture, acupressure, magneto-therapy and similar treatment.

#### **4.16 Dental treatment**

Dental treatment unless arising due to an accident.

#### **4.17 Vitamins, tonics**

Vitamins and tonics unless forming part of treatment for illness/disease/injury as certified by the attending medical practitioner.

#### **4.18 Out Patient Department treatment (OPD treatment)**

4.19 Diagnostic and evaluation purpose where such diagnosis and evaluation can be carried out as outpatient procedure and the condition of the patient does not require hospitalisation.

#### **4.20 Treatment in convalescent home, nature clinic**

Treatment in convalescent home/hospital, health hydro/nature care clinic and similar establishments.

#### **4.21 Drug/alcohol abuse**

Treatment arising out of illness/disease/injury due to misuse or abuse of drugs/alcohol or use of intoxicating substances.

#### **4.22 Stay in hospital which is not medically necessary.**

#### **4.23 Spectacles, contact lens, hearing aid, cochlear implants.**

#### **4.24 Equipments**

External/durable medical/non-medical equipments/instruments of any kind used for diagnosis/ treatment including CPAP, CAPD, infusion pump, ambulatory devices like walker, crutches, belts, collars, caps, splints, slings, braces, stockings, diabetic foot-wear, glucometer, thermometer, similar related items (as listed in Appendix II of the policy) and any medical equipment which could be used at home subsequently.

**4.25 Irrelevant investigations/treatment, drugs/treatment not supported by a prescription, private nursing charges, referral fee to family physician, outstation doctor/surgeon/consultants' fees and similar expenses (as listed in Appendix II of the policy).**

**4.26 Items of personal comfort**

Items of personal comfort and convenience (as listed in Appendix II of the policy) including telephone, television, aya, barber, beauty services, diet charges, baby food, cosmetics, napkins, toiletries, guest services

**4.27 Service charge/ registration fee**

Any kind of service charges including surcharges, admission fees, registration charges and similar charges (as listed in Appendix II of the policy) levied by the hospital

**4.28 Home visit charges**

Home visit charges during pre and post hospitalisation period of doctor, attendant and nurse.

**4.29 Treatment not related to illness**

Treatment which the insured person was on before hospitalisation for the illness/disease/injury, different from the one for which hospitalisation claim has been made.

**4.30 Risky avocations**

Treatment for any illness/ disease/ injury arising from scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing and similar activities.

**4.31 War group perils**

Injury or disease directly or indirectly caused by or arising from or attributable to war invasion act of foreign enemy, warlike operations (whether war be declared or not) and injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.

**5 Policy Conditions**

**5.1 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.

**5.2 Communication**

- i. All communication should be in writing.
- ii. For claim serviced by TPA, ID card, PPN/network provider related issues to be communicated to the TPA at the address mentioned in the schedule. For claim serviced by the company, policy related issues, change in address to be communicated to the policy issuing office at the address mentioned in the schedule.
- iii. The company or TPA will communicate to the insured person at the address mentioned in the schedule.

**5.3 Claim Procedure**

**5.3.1 Claim intimation**

In case of a claim, the insured person/insured person's representative shall intimate the TPA (if claim is processed by TPA)/company (if claim is processed by the company) in writing by letter, e-mail, fax providing all relevant information relating to claim including plan of treatment, policy number etc. within the prescribed time limit.

<b>Claim intimation in case of Cashless facility</b>	<b>TPA must be informed:</b>
In case of planned hospitalisation	At least 72 hours prior to the insured person's admission to network provider/PPN
In case of emergency hospitalisation	Within 24 hours of the insured person's admission to network provider/PPN

<b>Claim intimation in case of Reimbursement</b>	<b>Company/TPA must be informed:</b>
In case of planned hospitalisation	At least 72 hours prior to the insured person's admission to hospital
In case of emergency hospitalisation	Within 72 hours of the insured person's admission to hospital

**5.3.2 Procedure for Cashless claims**

- i. Treatment may be taken in a network provider/PPN and is subject to pre authorization by the TPA.
- ii. Cashless request form available with the network provider/PPN and TPA shall be completed and sent to the TPA for authorization.
- iii. The TPA upon getting cashless request form and related medical information from the insured person/ network provider/PPN will issue pre-authorization letter to the hospital after verification.
- iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- v. The TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
- vi. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the TPA for reimbursement.

**5.3.3 Procedure for reimbursement of claims**

For reimbursement of claims the insured person may submit the necessary documents to TPA/company within the prescribed time limit.

### 5.3.4 Documents

The claim is to be supported with the following documents and submitted within the prescribed time limit.

- i. Completed claim form
- ii. Original bills, payment receipts, medical history of the patient recorded, discharge certificate/ summary from the hospital etc.
- iii. Original cash-memo from the hospital (s)/chemist (s) supported by proper prescription
- iv. Original payment receipt, investigation test reports etc. supported by the prescription from attending medical practitioner
- v. Attending medical practitioner's certificate regarding diagnosis and bill receipts etc.
- vi. Surgeon's original certificate stating diagnosis and nature of operation performed along with bills/receipts etc.
- vii. Any other document required by company/TPA

#### Note

In the event of a claim lodged as per clause 5.9 of the policy and the original documents having been submitted to the other insurer, the company may accept the documents listed under clause 5.5.4 of the policy and claim settlement advice duly certified by the other insurer subject to satisfaction of the company.

Type of claim	Time limit for submission of documents to company/TPA
Reimbursement of hospitalisation and pre hospitalisation expenses	Within 15 days of date of discharge from hospital
Reimbursement of post hospitalisation expenses	Within 15 days from completion of post hospitalisation treatment
Reimbursement of health checkup expenses (as per Good health incentives 2.4.2. of the policy)	At least 45 days before the expiry of the fifth policy period.

### 5.3.5 Claim Settlement

- i. On receipt of the final document(s) or investigation report (if any), as the case may be, the company shall within a period of 30 days offer a settlement of the claim to the insured person.
- ii. If the company, for any reasons, decides to reject a claim under the policy, shall communicate to the insured person in writing and within a period of 30 days from the receipt of the final document(s) or investigation report (if any), as the case may be.
- iii. Upon acceptance of an offer of settlement as stated above by the insured person, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the company.
- iv. In the cases of delay in the payment, the company shall 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.

### 5.3.6 Services offered by a TPA

The services offered by a TPA shall not include

- i. Claim settlement and rejection with respect to the policy; However, TPA may handle claims admission and recommend to the company for the payment of the claim settlement
- ii. Any services directly to the insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the company.

#### Waiver

Time limit for claim intimation and submission of documents may be waived in cases where it is proved to the satisfaction of the company, that the circumstances under which insured person was placed, it was not possible to intimate the claim/submit the documents within the prescribed time limit.

### 5.4 Payment of claim

All medical treatments for the purpose of this insurance will have to be taken in India only. All claims under the policy shall be payable in Indian currency only.

### 5.5 Fraud

The company shall not be liable to make any payment under the 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.

### 5.6 Cancellation

The company may at any time cancel the policy (on grounds of fraud, moral hazard or misrepresentation or noncooperation) by sending the insured person 30 (thirty) days notice by registered letter at insured person's last known address and in such event the company will not allow any refund.

The insured person may at any time cancel the policy and in such an event the company shall allow refund of premium at company's short period rate mentioned below provided no claim occurred up to the date of cancellation.

Period of risk	Rate of premium to be charged
Up to 1 month	1/4 of the annual rate
Up to 3 months	1/2 of the annual rate
Up to 6 months	3/4 of the annual rate
Exceeding 6 months	Full annual rate

### 5.7 Portability

In the event of the insured person porting to any other insurer, insured person must apply with details of the policy and claims to the insurer where the insured person wants to port, at least 45 days before the date of expiry of the policy.

Portability shall be allowed in the following cases:

- i. All individual health insurance policies issued by non-life insurance companies including family floater policies.
- ii. Individual members, including the family members covered under any group health insurance policy of a non-life insurance company shall have the right to migrate from such a group policy to an individual health insurance policy or a family floater policy with the same insurer. One year thereafter, the insured person shall be accorded the right to port to another non-life insurance company.

#### **5.8 Revision of terms of the policy including the premium rates**

The company, in future, may revise the terms of the policy including the premium rates.

#### **5.9 Free look period**

The insured person will be allowed a period of 15 days from date of receipt of policy to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured person has not made any claim during the free look period, the insured person 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 on cover

#### **6 Redressal of grievance**

In case of any grievance relating to the servicing the Policy, the insured person may approach the Grievance cell of the company set up at divisional offices, regional offices and head office. For more information on grievance mechanism, and to download grievance form, visit our website.

The insured person may also approach the office of Insurance Ombudsman of the respective area/ region for redressal of grievance.

#### **Disclaimer**

The prospectus contains salient features of the Policy. For details reference is to be made to the Policy. In case of any difference between the prospectus and the Policy, the terms and conditions of the Policy shall prevail.

The prospectus and proposal form are part of the Policy. Hence please read the prospectus carefully and sign the same. The proposal form is to be completed in all respects for each insured person. Both the prospectus and the proposal form are to be submitted to the office or to the agent.

**Place**

**Signature**

**Date**

**Name**

**Insurance is the Subject matter of Solicitation**

**Rate with TPA charges**

SI	0-5	6-25	26-35	36-45	46-55	56-59	60-65	66-70	71-75	76-80	81-85	86 +
50,000	907	881	1,057	1,490	2,158	2,973	3,149	4,116	4,411	5,443	5,987	6,532
75,000	1,121	1,089	1,346	1,696	2,568	3,596	4,560	5,950	6,373	7,849	8,634	9,419
100,000	1,357	1,317	1,541	1,952	3,082	4,623	6,100	7,956	8,524	10,550	11,605	12,660
125,000	1,584	1,538	1,747	2,536	4,140	5,651	7,095	8,393	9,621	13,048	14,740	16,080
150,000	1,958	1,901	2,194	2,876	4,826	6,370	7,989	9,413	10,685	14,610	17,278	18,880
175,000	2,328	2,261	2,448	3,628	5,526	7,976	8,865	10,402	11,698	16,121	19,004	20,733
200,000	2,487	2,420	2,766	4,002	5,738	8,862	9,728	11,372	12,841	17,598	20,680	22,530
225,000	2,646	2,509	2,969	4,214	6,216	9,755	10,585	12,329	13,798	19,051	22,321	24,283
250,000	2,751	2,671	3,185	4,315	7,730	10,069	11,440	13,277	14,732	20,489	23,935	26,002
275,000	2,911	2,825	3,390	4,932	8,219	11,302	12,194	14,220	15,648	21,915	25,530	27,699
300,000	3,175	3,082	3,719	5,240	8,938	12,292	12,942	15,058	16,550	23,336	27,111	29,377
325,000	3,280	3,185	3,977	5,959	9,452	12,647	13,684	15,994	17,439	24,754	28,682	31,041
350,000	3,386	3,287	4,238	6,165	10,069	13,562	14,423	16,930	18,319	26,170	30,247	32,694
375,000	3,703	3,596	4,502	6,678	11,076	14,662	15,159	17,869	19,192	27,587	31,807	34,340
400,000	4,021	3,904	4,887	6,987	11,405	15,206	15,894	18,929	20,295	29,006	33,365	35,982
425,000	4,232	4,109	4,983	7,191	11,917	16,342	16,627	19,756	21,165	30,429	34,923	37,619
450,000	4,445	4,315	5,209	7,397	12,585	16,952	17,235	20,582	22,030	31,858	36,482	39,256
475,000	4,657	4,521	5,365	7,808	13,356	17,671	17,836	21,404	22,893	33,292	38,043	40,893
500,000	4,762	4,623	5,517	8,219	13,870	18,521	18,566	22,225	23,752	34,733	39,607	42,531

**Service Tax extra****Rate without TPA charges**

SI	0-5	6-25	26-35	36-45	46-55	56-59	60-65	66-70	71-75	76-80	81-85	86 +
50,000	856	831	997	1,406	2,036	2,805	2,971	3,883	4,161	5,135	5,648	6,162
75,000	1,058	1,027	1,270	1,600	2,423	3,392	4,302	5,613	6,012	7,405	8,145	8,886
100,000	1,280	1,242	1,454	1,842	2,908	4,361	5,755	7,506	8,042	9,953	10,948	11,943
125,000	1,494	1,451	1,648	2,392	3,906	5,331	6,693	7,918	9,076	12,309	13,906	15,170
150,000	1,847	1,793	2,070	2,713	4,553	6,009	7,537	8,880	10,080	13,783	16,300	17,811
175,000	2,196	2,133	2,309	3,423	5,213	7,525	8,363	9,813	11,036	15,208	17,928	19,559
200,000	2,346	2,283	2,609	3,775	5,413	8,360	9,177	10,728	12,114	16,602	19,509	21,255
225,000	2,496	2,367	2,801	3,975	5,864	9,203	9,986	11,631	13,017	17,973	21,058	22,908
250,000	2,595	2,520	3,005	4,071	7,292	9,499	10,792	12,525	13,898	19,329	22,580	24,530
275,000	2,746	2,665	3,198	4,653	7,754	10,662	11,504	13,415	14,762	20,675	24,085	26,131
300,000	2,995	2,908	3,508	4,943	8,432	11,596	12,209	14,206	15,613	22,015	25,576	27,714
325,000	3,094	3,005	3,752	5,622	8,917	11,931	12,909	15,089	16,452	23,353	27,058	29,284
350,000	3,194	3,101	3,998	5,816	9,499	12,794	13,607	15,972	17,282	24,689	28,535	30,843
375,000	3,493	3,392	4,247	6,300	10,449	13,832	14,301	16,858	18,106	26,025	30,007	32,396
400,000	3,793	3,683	4,610	6,592	10,759	14,345	14,994	17,858	19,146	27,364	31,476	33,945
425,000	3,992	3,876	4,701	6,784	11,242	15,417	15,686	18,638	19,967	28,707	32,946	35,490
450,000	4,193	4,071	4,914	6,978	11,873	15,992	16,259	19,417	20,783	30,055	34,417	37,034
475,000	4,393	4,265	5,061	7,366	12,600	16,671	16,826	20,192	21,597	31,408	35,890	38,578
500,000	4,492	4,361	5,205	7,754	13,085	17,473	17,515	20,967	22,408	32,767	37,365	40,124

**Service Tax extra****Rate for senior citizens covered for SI between ₹ 15,000 and ₹ 45,000****Rate with TPA charges**

SI	60-65	66-70	71-75	76 +
15,000	844	1,057	1,126	1,364
20,000	1,092	1,349	1,451	1,807
25,000	1,350	1,691	1,807	2,250
30,000	1,443	1,792	1,928	2,406
35,000	1,535	1,911	2,047	2,525
40,000	2,150	2,661	2,849	3,513
45,000	2,411	3,003	3,206	3,924

**Service Tax extra****Rate without TPA charges**

SI	60-65	66-70	71-75	76 +
15,000	796	997	1,062	1,287
20,000	1,030	1,273	1,369	1,705
25,000	1,274	1,595	1,705	2,123
30,000	1,361	1,691	1,819	2,270
35,000	1,448	1,803	1,931	2,382
40,000	2,028	2,510	2,688	3,314
45,000	2,275	2,833	3,025	3,702

**Service Tax extra**