National Insurance Company Limited

CIN - U10200WB1906GOI001713 IRDAI Regn. No. – 58

National Parivar Mediclaim Policy

Customer Information Sheet

S No.	TITLE	DESCRIPTION	Refer to policy clause number
1.	***Product Name***	National Parivar Mediclaim Policy	
2.	***What am I covered for?***	This is a family floater policy, in which all members are covered under the same sum insured. Cover available under various plans of the policy are as follows. a. In patient treatment – Expenses for room charges, nursing care, ICU charges, medical practitioner, anaesthesia, blood, oxygen, OT charges, surgical appliances, medicines, drugs, consumables, diagnostic procedures and cost of prosthetic and other devices or equipment if implanted internally during a surgical procedure. • Room and ICU charges shall be restricted to the limit mentioned in the schedule. • Company's liability for cataract surgery shall be restricted to the limit mentioned in the schedule. b. Pre hosopitalisation - Expenses incurred thirty days immediately before hospitalisation for the same condition which resulted in hospitalisation, and in patient treatment claim is admissible. c. Post hosopitalisation - Expenses incurred sixty days immediately after discharge from hospital for the same condition which resulted in hospitalisation, and in patient treatment claim is admissible. d. Domiciliary hospitalisation e. Day care procedures – Expenses for 140+ day care procedures, listed in the policy, which require less than twenty four hours hospitalisation f. Ayurveda and homeopathy g. Organ donor's medical expenses h. Hospital cash i. Ambulance j. Anti rabies vaccination k. Maternity (including Baby from Birth Cover) (waiting period of 3 years applies) l. Infertility (waiting period of 3 years applies) m. HIV/ AIDS Cover n. Mental Illness Cover o. Modern Treatment p. Morbid Obesity Treatment q. Correction of Refractive Error r. Medical second opinion **Optional covers** a. Pre existing diabetes and/or hypertension b. Outpatient treatment c. Critical Illness	2.1.1 2.1.1.1 2.1.1.2 2.1.2 2.1.3 2.1.4 2.1.5 2.1.6 2.1.7 2.1.8 2.1.9 2.1.10 2.1.11 2.1.12 2.1.13 2.1.14 2.1.15 2.1.16 2.1.17 2.2 8.1 8.2 8.3
3.	***What are the Major exclusions in the policy?***	a. Treatment outside India b. Naturopathy and experimental treatment c. Surgery for correction of eye sight due to refractive error, spectacles, contact lens, hearing aid, cochlear implants d. Any hospital admission primarily for investigation / diagnostic purpose e. Drug/ alcohol abuse, f. Any kind of service charges, admission fees/ registration charges levied by the hospital g. Hazardous sports, war, warlike operations h. Radioactivity *(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).*	4

<table>
<tr><td>4.</td><td>Waiting period</td><td>a. Pre-Existing Diseases will be covered after a waiting period of forty eight (48) months of continuous coverage
b. Any disease contracted within the first thirty (30) days from the inception of the policy shall not be payable. This Waiting Period shall not apply to accidental injuries.
c. Specified surgeries/treatments/diseases are covered after specific waiting period of 90 days/ one year/ two year/ four years</td><td>4.1
4.2

4.3</td></tr>
<tr><td>5.</td><td>Payout basis</td><td>• Reimbursement of covered expenses up to specified limits
• Cashless payment of covered expenses up to specified limits in network providers/ PPN</td><td></td></tr>
<tr><td>6.</td><td>Cost sharing</td><td>• Treatment outside zone
• Treatment outside network</td><td>5.5.7
5.5.8</td></tr>
<tr><td>7.</td><td>Renewal Conditions</td><td>The policy can be renewed annually throughout the lifetime of the insured person. The policy may be renewed by mutual consent. The company is not bound to give notice that it is due for renewal. Renewal of the policy can not be denied other than on grounds of fraud, moral hazard or misrepresentation or noncooperation. In the event of break in the policy a grace period of thirty days is allowed.</td><td>5.15</td></tr>
<tr><td>8.</td><td>Renewal Benefits:</td><td>Good health incentives
• No Claim Discount (NCD)
• Health check up</td><td>3</td></tr>
<tr><td>9.</td><td>Cancellation</td><td>i. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud
ii. The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.
<table><tr><th>Period of risk</th><th>Rate of premium to be charged</th></tr><tr><td>Up to 1month</td><td>1/4 of the annual rate</td></tr><tr><td>Up to 3 months</td><td>1/2 of the annual rate</td></tr><tr><td>Up to 6 months</td><td>3/4 of the annual rate</td></tr><tr><td>Exceeding 6 months</td><td>Full annual rate</td></tr></table>iii. For policies with a term exceeding one year, the insured may at any time cancel the Policy and in such an event, the Company shall allow pro-rata refund of premium for the unexpired policy period after retaining 10% of the pro-rata premium, provided claim are not reported up to the date of cancellation

In the event of cancellation of the policy by either insured or the company, the cover will also be cancelled as per cancellation clause of the policy

This policy would be cancelled, and no claim or refund would be due to you if:
• you have not correctly disclosed details about your current and past health status OR
• have otherwise encouraged or participated in any fraudulent claims under the policy.</td><td>5.11</td></tr>
<tr><td>10.</td><td>Claims</td><td>For Cashless Service
i. Notification of claim to be provided as per table below.
<table><tr><th>Notification of claim for Cashless facility</th><th>TPA must be informed:</th></tr><tr><td>In the event of planned hospitalisation</td><td>At least seventy two (72) hours prior to the Insured Person's admission to Network Provider</td></tr><tr><td>In the event of emergency hospitalisation</td><td>Within twenty four (24) hours of the Insured Person's admission to Network Provider</td></tr></table>ii. Cashless facility for treatment in network hospitals can be availed, if TPA service is opted.
iii. Treatment may be taken in a network provider and is subject to pre</td><td>5.5</td></tr>
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authorization by the TPA. Booklet containing list of network provider shall be provided by the TPA. Updated list of network provider is available on website of the Company and the TPA mentioned in the schedule.
iv. Cashless request form available with the network provider and TPA shall be completed and sent to the TPA for authorization.
v. The TPA upon getting cashless request form and related medical information from the insured person/ network provider shall issue pre-authorization letter to the hospital after verification.
vi. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
vii. The TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
viii. 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 processing.

For Reimbursement of Claim
i. Notification of claim to be provided as per table below.
<table>
<tr><th>Notification of claim for Reimbursement</th><th>Company/TPA must be informed:</th></tr>
<tr><td>In the event of planned hospitalisation</td><td>At least seventy two (72) hours prior to the Insured Person's admission to Hospital</td></tr>
<tr><td>In the event of emergency hospitalisation</td><td>Within twenty four (24) hours of the Insured Person's admission to Hospital</td></tr>
</table>
ii. For reimbursement of claims the insured person may submit the necessary documents to TPA (if claim is processed by TPA)/Company (if claim is processed by the Company) within the prescribed time limit.
<table>
<tr><th>Type of claim</th><th>Time limit for submission of documents to Company/TPA</th></tr>
<tr><td>Reimbursement of hospitalization, pre hospitalisation expenses and ambulance charges</td><td>Within fifteen days from date of discharge from hospital</td></tr>
<tr><td>Reimbursement of post hospitalisation expenses</td><td>Within fifteen days from completion of post hospitalisation treatment</td></tr>
<tr><td>Reimbursement of domiciliary hospitalisation expenses</td><td>Within fifteen days from issuance of fitness certificate</td></tr>
<tr><td>Reimbursement of anti-rabies vaccination and new born baby vaccination</td><td>Within fifteen days from date of vaccination</td></tr>
<tr><td>Reimbursement of expenses for infertility treatment</td><td>Within fifteen days of completion of treatment or fifteen days of expiry of policy period, whichever is earlier, once during the policy year</td></tr>
<tr><td>Reimbursement of health check up expenses (to be submitted to the office only)</td><td>Within six months of the fifth policy year.</td></tr>
</table>
iii. On receipt of the final document(s) and investigation report (if required), the Company shall within a period of thirty days offer a settlement of the claim to the insured.
iv. If the Company, for any reasons, rejects a claim, it shall communicate to the insured in writing within a period of thirty days from the receipt of the document(s) and investigation report (if required).
v. Upon the acceptance of an offer of settlement by the insured, the payment of the amount of claim shall be made within seven days from the date of acceptance of the offer by the Company.
vi. In the cases of delay in the payment, the Company shall pay interest at a rate 2% above the bank rate prevalent at the beginning of the financial year in which the claim is paid
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<td>11.</td>
<td>Policy Servicing/ Grievances/Complaints</td>
<td>In case of any grievance the insured person may contact the company through
Website: https://nationalinsurance.nic.co.in/
Toll free: 1800 345 0330
E-mail: customer.relations@nic.co.in
Phn : (033) 2283 1742
Post: National Insurance Co. Ltd.,</td>
<td>7</td>
</tr>
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		6A Middleton Street, 7th Floor, CRM Dept., Kolkata - 700 071 IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/ Insurance Ombudsman – As per Annexure attached to Policy.	
12	***Insured's Rights***	Free Look Period The policy allows you a period of 15 days from the date of receipt, to review the terms and conditions, and to return the same if not acceptable. Implied renewability (except on certain specific grounds) • Policy can be renewed annually throughout the lifetime of the insured person. • Renewal of Policy can be denied on grounds of fraud, moral hazard or misrepresentation or noncooperation. Migration and Portability: • Portability to similar indemnity products is allowed • Migration to similar indemnity products of the Company is allowed, subject to the acceptance terms of the migrated product Increase in Sum Insured during the Policy term: i. Sum insured can be enhanced only at the time of renewal, to the next slab. ii. For the incremental portion of the sum insured, the waiting periods and conditions as mentioned in exclusion 4.1, 4.2, 4.3 shall apply. Coverage on enhanced sum insured shall be available after the completion of waiting periods. Turn Around Time (TAT) for issue of Pre- Auth and settlement of Reimbursement Issuance of pre-authorisation – Within 24 hours, provided all necessary information is received by the TPA Settlement of Claim – Within 7 days of acceptance of offer of settlement by the insured	5.22 5.18 & 5.19 5.16
14	***Insured's Obligations***	• Please disclose all Pre-Existing Disease/s or condition/s before buying a Policy. Non-disclosure may result in rejection of claim. • Disclosure of Material Information during the policy period. Fresh proposal form may be submitted in case of changes in any Material Information.	

Legal Disclaimer
The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.

Insurance is the Subject matter of Solicitation