

## 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?	<ul> <li>This is a family floater policy, in which all members are covered under the same sum insured.</li> <li>Cover available under various plans of the policy are as follows.</li> <li>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.</li> </ul>	2.1.1
		<ul> <li>Room and ICU charges shall be restricted to the limit mentioned in the schedule.</li> <li>Company's liability for cataract surgery shall be restricted to the</li> </ul>	2.1.1.1 2.1.1.2
		<ul><li>limit mentioned in the schedule.</li><li>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.</li></ul>	2.1.2
		<ul> <li>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.</li> </ul>	2.1.3
		<ul> <li>d. Domiciliary hospitalisation</li> <li>e. Day care procedures – Expenses for 140+ day care procedures, listed in the policy, which require less than twenty four hours hospitalisation</li> </ul>	2.1.4 2.1.5
		f. Ayurveda and homeopathy	2.1.6
			2.1.7
			2.1.8
		h. Hospital cash	2.1.8
		i. Ambulance	
		<ul> <li>j. Anti rabies vaccination</li> <li>k. Maternity (including Baby from Birth Cover) (waiting period of 3 years applies)</li> </ul>	2.1.10 2.1.11
		<ol> <li>Infertility (waiting period of 3 years applies)</li> </ol>	2.1.12
		m. HIV/ AIDS Cover	2.1.13
		n. Mental Illness Cover	2.1.14
		o. Modern Treatment	2.1.15
		p. Morbid Obesity Treatment	2.1.16
		q. Correction of Refractive Error	2.1.17
		r. Medical second opinion	2.2
		Optional covers a. Pre existing diabetes and/or hypertension b. Outpatient treatment	8.1 8.2
		c. Critical Illness	8.3
3.	What are the Major exclusions in the policy?	<ul> <li>a. Treatment outside India</li> <li>b. Naturopathy and experimental treatment</li> <li>c. Surgery for correction of eye sight due to refractive error, spectacles, contact lens, hearing aid, cochlear implants</li> <li>d. Any hospital admission primarily for investigation / diagnostic purpose</li> <li>e. Drug/ alcohol abuse,</li> <li>f. Any kind of service charges, admission fees/ registration charges levied by the hospital</li> <li>g. Hazardous sports, war, warlike operations</li> <li>h. Radioactivity</li> </ul>	4
		(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).	

4.	Waiting naviad	a. Pre-Existing Diseases will be covered after a waiting period of forty eight	4.1
4.	Waiting period	(48) months of continuous coverage	4.1 4.2
		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.	4.3
		c. Specified surgeries/treatments/diseases are covered after specific waiting period of 90 days/ one year/ two year/ four years	
5.	Payout basis	<ul> <li>Reimbursement of covered expenses up to specified limits</li> <li>Cashless payment of covered expenses up to specified limits in network providers/ PPN</li> </ul>	
6.	Cost sharing	<ul><li>Treatment outside zone</li><li>Treatment outside network</li></ul>	5.5.7 5.5.8
7.	Renewal Conditions	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.	5.15
8.	Renewal Benefits:	Good health incentives         • No Claim Discount (NCD)         • Health check up	3
9.	Cancellation	<ul> <li>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</li> <li>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.</li> <li>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</li> <li>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</li> <li>In the event of cancelled as per cancellation clause of the policy</li> <li>This policy would be cancelled, and no claim or refund would be due to you if:</li> <li>you have not correctly disclosed details about your current and past health status OR</li> <li>have otherwise encouraged or participated in any fraudulent claims under the policy.</li> </ul>	5.11
10.	Claims	For Cashless Service         i. Notification of claim to be provided as per table below.         Notification of claim for Cashless facility       TPA must be informed:         In the event of planned hospitalisation       At least seventy two (72) hours prior to the Insured Person's admission to Network Provider         In the event of emergency       Within twenty four (24) hours of the Insured	5.5
		In the event of emergency hospitalisationWithin twenty four (24) hours of the Insured Person's admission to Network Providerii. 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	

authorization by the TPA. Docklet containing list of network provider shall be provided by the TPA. Updated list of network provider and TPA shall be completed and sent to the TPA for authorization.         iv:       Cashess request form available with the network provider and TPA shall be completed and sent to the TPA for authorization.         iv:       The TPA topo graing cashess creates form and related medical information from the insured person network provider and TPA shall be completed and induces the expense.         iv:       At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and induces the expense.         iv:       In case of denial of cashess access, the insured person my obtain the treatment as per treating doctor's advice and subnit the claim documents to the TPA for processing.         For Reinbursement of Claim       Notification of claim to the provided as per table below.         Notification of claim to the provided person any soluti the medical denial isolation to Hoopital lisation.         In the event of planned At least seventy two (72) hours prior to the hoopitalisation.         In the event of claims the insured person any soluti the necessary documents to TPA of claim is processed by TPA (Company (TPA and be form) Company (TPA and be form)         In the event of energy within the treat sevent them limit.         in the event of limit of admites processed by TPA (Company (TPA insult he necessary documents of TPA (or claims the insured person any soluti the necessary documents of the Company within the restrict of the final document and advit form adue of table head (Company (TPA insult days form	be provided by the TPA. Updated list of network provider and TPA shall be completed and set to the TPA for mathing this excludue.         iv. Cachless request form available with the network provider and TPA shall be completed and set to the TPA for authorization.         v. The TPA upon getting cashless request form and related medical information from the insured person insured provider shall same pre-authorization heter to the hospital after verification.         vi. A At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expresses.         viii. The TPA reserves the right to deary pre-subtration in case the insured person is mable to provide the relevant medical details.         viii. In case of discharge, the company/TPA must be informed:         into TPA for processing.         For Reimburscment of Claim         1. Notification of claim to Company/TPA must be informed:         Reimburscment of Claim to Company/TPA must be informed:         1. In the event of planned         1. In the event of claim to Company/TPA must be informed:         1. In the event of claim to Company/TPA must be informed:         1. In the event of claim to the insured person may submit the necessary documents to TPA (of claim is processed by TPA).Company (if claim is processed by TPA).Compan					
Image: Second	Image: Provide the second se		<ul> <li>be provided by the TPA. Updated list of network provider is available on website of the Company and the TPA mentioned in the schedule.</li> <li>iv. Cashless request form available with the network provider and TPA shall be completed and sent to the TPA for authorization.</li> <li>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.</li> <li>vi. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.</li> <li>vii. The TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.</li> <li>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.</li> </ul>			
Reimbursement         At least seventy two (72) hours prior to the hospitalisation           In the event of planned         At least seventy two (72) hours prior to the hospitalisation           In the event of emergency         Within twenty four (24) hours of the Insured Person's admission to Hospital           ii. For reimbursement of claims the insured person must be intermed interaction of the person's admission to Hospitalisation is processed by the Company) within the perscribed time limit.           Type of claim         Time limit for submission of documents to Company/IPA           Reimbursement of hospitalization expenses and discharge from hospital and networks and discharge from hospital and networks and discharge from hospital isation expenses         for post bayticitation treatment frequence), the company is diministration expenses of post bayticitation treatment of finden days from date of vaccination and new born baby vaccination           Reimbursement of anti-rabies         Within fifteen days from date of vaccination and new born baby vaccination           Reimbursement of health check up vaccination         Within set ments of the policy year           Reimbursement of lacth check up vacriation within a period of thirty days from the receipt of the document(s) and investigation report (if required), the Company shall within a period of thirty days from the receipt of the document(s) and investigation report (if required), the Company, shall within a period of thirty days from the receipt of the document(s) and investigation report (if required), the	Reimbursement         At least seventy two (72) hours prior to the hospitalisation           In the event of planed         At least seventy two (72) hours of the Insured hospitalisation           In the event of emergency         Within twenty four (24) hours of the Insured Person's admission to Hospital           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.           Type of claim         Time limit for submission of documents to Company/TPA           Reimbursement of hospitalization. presenses and discharge from hospital and new for post Mythin fifteen days from date of prest hospitalisation expenses           Reimbursement of anti-rabies         Vithin fifteen days from date of finess certificate           Reimbursement of anti-rabies         Vithin fifteen days from date of finess certificate           Reimbursement of anti-rabies         Vithin fifteen days of completion of finess certificate           Reimbursement of anti-rabies         Vithin fifteen days of completion of realment or fifteen days of completion of infertility treatment           Reimbursement of health check up expenses for lifteen days from settlement of the policy year         Vithin six months of the fifth policy year           Reimbursement of health check up expenses (to be submitted to the days from the receipt of the company shall within a period of thirty days from the receipt of the document(s) and investigation report (if required). the Company shall within a period of thirty days from			1		
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11.       Policy Servicing/ Grievances/Complaints       In case of any grievance the insured person may contact the company shall pay interest at a rate 2% about the claim is paid       11.       Policy Servicing/ Grievances/Complaints       In case of any grievance the insured person may contact the company through Website: https://nationalinsurance.nic.co.in/ Toll free: 1800 345 0330       7	Image: state in the second state in		Reimbursement of hospitalisation expenses	post	of post hospitalisation treatment	
Reimbursement       of       anti-rabies vaccination       Within fifteen days from date of vaccination         Reimbursement of expenses for infertility treatment       Within fifteen days of completion of treatment or fifteen days of expiry of policy period, whichever is earlier, once during the policy year         Reimbursement of health check up expenses (to be submitted to the office only)       Within six months of the fifth policy year.         III.       Reimbursement of carpany shall within a period of thirty days from the receipt of the date of acceptance of an 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         III.       Policy Servicing/ Grievances/Complaints       In case of any grievance the insured person may contact the company through Phase Pha	11.       Policy Servicing/ Grievances/Complaints       Reimbursement of anti-rabies within fifteen days from date of vaccination vaccination and new born baby vaccination vaccination       Within fifteen days of completion of treatment or fifteen days of expiry of policy period, whichever is earlier, once during the policy year         Reimbursement of health check up expenses (to be submitted to the office only)       Within six months of the fifth policy year         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.         v.       Up on 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 an offer of settlement by the insured at rate 2% above the bank rate prevalent at the beginning of the financial year in which the claim is paid         11.       Policy Servicing/ Grievances/Complaints       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       7			niciliary		
Image: Network in the second secon	Reimbursement of expenses for infertility treatment       Within fifteen days of completion of treatment or fifteen days of expiry of policy period, whichever is earlier, one during the policy year         Reimbursement of health check up expenses (to be submitted to the office only)       Within six months of the fifth policy year.         Within Six months of the fifth policy year.       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.         W. 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         11.       Policy Servicing/ Grievances/Complaints       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       7		Reimbursement of and vaccination and new bor		Within fifteen days from date of	
11.       Policy Servicing/ Grievances/Complaints       In case of any grievance the insured person may contact the company shall paid       If case of any grievance the insured person may contact the company through Website: https://nationalinsurance.nic.co.in/ Toll free: 1800 345 0330         11.       Policy Servicing/ Grievances/Complaints       In case of any grievance the insured the case of any grievance the insured the case of any grievance in the case	Image: Provide the set of the set o		Reimbursement of expense	ses for	treatment or fifteen days of expiry of policy period, whichever is earlier,	
<ul> <li>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.</li> <li>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).</li> <li>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.</li> <li>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</li> <li>11. Policy Servicing/ Grievances/Complaints</li> <li>In case of any grievance the insured person may contact the company through 7</li> <li>7 Website: https://nationalinsurance.nic.co.in/ Toll free: 1800 345 0330 E-mail: customer.relations@nic.co.in</li> </ul>	11.Policy Servicing/ Grievances/ComplaintsIn case of any grievance the insured person may contact the company shall with a period of the financial year in which the claim is paid7		expenses (to be submitted	-	Within six months of the fifth policy	
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Grievances/Complaints       Website: https://nationalinsurance.nic.co.in/         Toll free: 1800 345 0330         E-mail: customer.relations@nic.co.in         Phn : (033) 2283 1742	Grievances/Complaints       Website: https://nationalinsurance.nic.co.in/         Toll free: 1800 345 0330       E-mail: customer.relations@nic.co.in         Phn : (033) 2283 1742       Phn : (033) 2283 1742		 2% above the bank rate prevalent at the beginning of the financial year in			
Post: National Insurance Co. Ltd.,	Post: National Insurance Co. Ltd.,	11.	Website: https://nationalinsurance.nic.co.in/ Toll free: 1800 345 0330 E-mail: customer.relations@nic.co.in Phn : (033) 2283 1742			7
			Post: National Insurance Co. I	Ltd.,		

		<ul> <li>6A Middleton Street, 7th Floor, CRM Dept., Kolkata - 700 071</li> <li>IRDAI Integrated Grievance Management System - <u>https://igms.irda.gov.in/</u> Insurance Ombudsman – As per Annexure attached to Policy.</li> </ul>	
12	Insured's Rights	<ul> <li>Free Look Period</li> <li>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.</li> <li>Implied renewability (except on certain specific grounds)</li> <li>Policy can be renewed annually throughout the lifetime of the insured person.</li> <li>Renewal of Policy can be denied on grounds of fraud, moral hazard or misrepresentation or noncooperation.</li> <li>Migration and Portability:</li> </ul>	5.22
		<ul> <li>Portability to similar indemnity products is allowed</li> <li>Migration to similar indemnity products of the Company is allowed, subject to the acceptance terms of the migrated product</li> </ul>	5.18 & 5.19
		<ul> <li>Increase in Sum Insured during the Policy term:</li> <li>i. Sum insured can be enhanced only at the time of renewal, to the next slab.</li> <li>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.</li> </ul>	5.16
		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	
14	Insured's Obligations	<ul> <li>Please disclose all Pre-Existing Disease/s or condition/s before buying a Policy. Non-disclosure may result in rejection of claim.</li> <li>Disclosure of Material Information during the policy period. Fresh proposal form may be submitted in case of changes in any Material Information.</li> </ul>	

## 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