नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

National Insurance Company Limited

CIN - U10200WB1906GOI001713 IRDAI Regn. No. - 58

National Senior Citizen Mediclaim Policy

Customer Information Sheet

S No.	**TITLE**	**DESCRIPTION**	**Refer to policy clause number**
1.	***Product Name***	National Senior Citizen Mediclaim Policy	
2.	***What am I covered for?***	The policy provides for the following, depending on the Plan opted Plan A & B 1. In-patient Treatment 2. Pre Hospitalisation (for 30 days) 3. Post Hospitalisation (for 60days) 4. Domiciliary Hospitalisation 5. Daycare Procedure (140+) 6. Ayurveda and Homeopathy 7. HIV/ AIDS Cover 8. Mental Illness Cover 9. Organ Donor's Medical Expenses 10. Ambulance Charges 11. Modern Treatment 12. Morbid Obesity Treatment 13. Correction of Refractive Error Plan B only 1. Hospital Cash 2. Doctor's Home Visit/ Aya/ Nurse/ attendant Charges during Post Hospitalisation 3. Funeral Expenses 4. Reinstatement of Sum Insured if exhausted due to Road Traffic Accident Optional covers available to both Plans 1. Pre existing Hypertension &/ or Diabetes 2. Critical Illness 3. Outpatient Treatment 4. Personal Accident	2.1 2.1.1 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 2.2 2.2.1 2.2.2 2.2.3 2.2.4 9 9.1 9.2 9.3 9.4
	What are the Major exclusions in the policy?	a. Treatment outside India b. Sterility c. Naturopathy and experimental treatment d. Spectacles, contact lens, hearing aid, cochlear implants e. Any hospital admission primarily for investigation / diagnostic purpose f. Drug/ alcohol abuse, g. Any kind of service charges, admission fees/ registration charges levied by the hospital h. Hazardous sports, i. War j. Radioactivity *(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).*	5
4.	***Waiting period***	a. Pre-existing diseases (PED) will be covered after a waiting period of two years 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	4.1 4.2 4.3
5.	***Payout basis***	• Reimbursement of covered expenses up to specified limits • Cashless payment of covered expenses up to specified limits in network providers	
6.	***Loss***	Nil under Policy, Applicable only under Pre-existing Diabetes and/ or Hypertension	

<table>
<tr><td></td><td>sharing</td><td>Optional Cover</td><td></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>Cumulative Bonus (CB)
• CB shall increase by 5% of SI for every claim free year, subject to maximum of 50% of current SI
• CB shall decrease by 5% of SI, in the case of a claim is made during a policy period

Preventive Health Check Up
Plan A
• Every 2 claim free years, prescribed diagnostics tests up to 2 % of the average SI (excluding CB) per insured person (individual basis) or family (floater basis), subject to maximum INR 4,000/- per insured person (individual basis) or per family (floater basis)
Plan B
• Every 6 claim free months, Regular medical consultation and prescribed diagnostics tests up to INR 1,000 per insured person (irrespective of individual basis or floater basis).</td><td>3.2.1

3.2.2</td></tr>
<tr><td>9.</td><td>Cancellation</td><td>i. The Company may at any time cancel the Policy (on the grounds of fraud, moral hazard, misrepresentation or noncooperation) by sending the insured thirty days' notice by registered letter at insured's last known address, and in such an event, the Company shall not allow any refund.
ii. The insured may at any time cancel the Policy and in such an event, the Company shall allow refund of premium after charging premium at Company's short period rate mentioned below, provided claims are not reported up to the date of cancellation.
<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>
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>6.10</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 hospitalization</td><td>At least seventy two hours prior to the insured person's admission to network provider/PPN</td></tr>
<tr><td>In the event of emergency hospitalization</td><td>Within twenty four hours of the insured person's admission to network provider/PPN</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 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</td><td>6.5</td></tr>
</table>

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<td></td>
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<td>
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 hospitalization</td><td>At least seventy two hours prior to the insured person’s admission to hospital</td></tr>
<tr><td>In the event of emergency hospitalization</td><td>Within twenty four 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 hospitalisation, pre hospitalisation expenses and ambulance charges</td><td>Within 30 days of date of discharge from hospital</td></tr>
<tr><td>Reimbursement of post hospitalisation expenses and doctor’s home visit and nursing care during post hospitalisation</td><td>Within 30 days from completion of post hospitalisation treatment</td></tr>
<tr><td>Reimbursement of domiciliary hospitalisation expenses</td><td>Within 30 days from completion of issuance of fitness certificate/ medical certificate on state of patient</td></tr>
<tr><td>Reimbursement of preventive health check-up expenses under Plan A</td><td>Within 6 (six) months of the completion of a block of 2 policy period (to be submitted to the policy issuing office only)</td></tr>
<tr><td>Reimbursement of preventive health check-up expenses under Plan B</td><td>Once every year, within 30 days from expiry of policy (to be submitted to the policy issuing office only)</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
</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Policy Servicing/ Grievances/Complaints</td>
<td>
In case of any grievance the insured person may contact the company through
<u>Website</u>: https://nationalinsurance.nic.co.in/
<u>Toll free</u>: 1800 345 0330
<u>E-mail</u>: customer.relations@nic.co.in
<u>Phn</u> : (033) 2283 1742
<u>Courier</u>: National Insurance Co. Ltd.,
6A Middleton Street, 7th Floor,
CRM Dept.,
Kolkata - 700 071

IRDAI Integrated Grievance Management System - <u>https://igms.irda.gov.in/</u>
</td>
<td>8</td>
</tr>
</table>

		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 products is allowed **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	
13	***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.	

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

Benefit Illustration in respect of National Senior Citizen Mediclaim Policy (UIN: NICHLIP21083V022021)

Illustration 1 – PLAN A

<table>
<tr><th rowspan="2">Age of the members insured</th><th colspan="2">Coverage opted on individual basis covering each member of the family separately (at a single point in time)</th><th colspan="4">Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)</th><th colspan="4">Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)</th></tr>
<tr><td>Premium (₹)</td><td>Sum insured (₹)</td><td>Premium (₹)</td><td>Discount, if any</td><td>Premium after discount (₹)</td><td>Sum insured (₹)</td><td>Premium or consolidated premium for all members of family (₹)</td><td>Floater discount, if any</td><td>Premium after discount (₹)</td><td>Sum insured (₹)</td></tr>
<tr><td>70</td><td>29,619</td><td>5,00,000</td><td>29,619</td><td>Nil</td><td>29,619</td><td>5,00,000</td><td>29,619</td><td></td><td>29,619</td><td rowspan="2">5,00,000</td></tr>
<tr><td>65</td><td>19,746</td><td>5,00,000</td><td>19,746</td><td>Nil</td><td>19,746</td><td>5,00,000</td><td>9,873</td><td>In Built</td><td>9,873</td></tr>
<tr><td colspan="3">Total Premium for all members of the family is <u>₹49,365/-</u>, when each member is covered separately.
Sum insured available for each individual is <u>₹5,00,000</u>.</td><td colspan="4">Total Premium for all members of the family is <u>₹49,365/-</u>, when they are covered under a single policy.
Sum insured available for each family member is <u>₹5,00,000</u>.</td><td colspan="4">Total Premium when policy is opted on floater basis is <u>₹39,492/-</u>.
Sum insured of <u>₹5,00,000</u> is available for the entire family.</td></tr>
</table>

Note: Premium rates specified in the above illustration are standard premium for Plan A, inclusive of TPA charges and exclusive of taxes applicable. Additional Discounts, if any, will be applicable as per terms and condition.

Illustration 2 – PLAN B

<table>
<tr><th rowspan="2">Age of the members insured</th><th colspan="2">Coverage opted on individual basis covering each member of the family separately (at a single point in time)</th><th colspan="4">Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)</th><th colspan="4">Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)</th></tr>
<tr><td>Premium (₹)</td><td>Sum insured (₹)</td><td>Premium (₹)</td><td>Discount, if any</td><td>Premium after discount (₹)</td><td>Sum insured (₹)</td><td>Premium or consolidated premium for all members of family (₹)</td><td>Floater discount, if any</td><td>Premium after discount (₹)</td><td>Sum insured (₹)</td></tr>
<tr><td>70</td><td>42,198</td><td>5,00,000</td><td>42,198</td><td>Nil</td><td>42,198</td><td>5,00,000</td><td>42,198</td><td></td><td>42,198</td><td rowspan="2">5,00,000</td></tr>
<tr><td>65</td><td>28,132</td><td>5,00,000</td><td>28,132</td><td>Nil</td><td>28,132</td><td>5,00,000</td><td>14,066</td><td>In Built</td><td>14,066</td></tr>
<tr><td colspan="3">Total Premium for all members of the family is <u>₹70,330/-</u>, when each member is covered separately.
Sum insured available for each individual is <u>₹5,00,000</u>.</td><td colspan="4">Total Premium for all members of the family is <u>₹70,330/-</u>, when they are covered under a single policy.
Sum insured available for each family member is <u>₹5,00,000</u>.</td><td colspan="4">Total Premium when policy is opted on floater basis is <u>₹56,264/-</u>.
Sum insured of <u>₹5,00,000</u> is available for the entire family.</td></tr>
</table>

Note: Premium rates specified in the above illustration are standard premium for Plan B, inclusive of TPA charges and exclusive of taxes applicable. Additional Discounts, if any, will be applicable as per terms and condition.