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PARIVAR SURAKSHA BIMA POLICY

OBJECTIVE

To provide accident insurance and hospitalization cover at an affordable cost to members of Micro Finance Institutions, Non Government Organizations, Government Sponsored Organizations and such affinity groups / institutions in the rural or social sectors .

BENEFITS UNDER THE POLICY

Personal Accident & Hospitalization Insurance cover to Insured Member and his / her spouse. An insured may nominate another to receive payment under the policy in the event of his / her death.

WHAT IS COVERED UNDER THE POLICY

Personal Accident benefits to the Insured Member shall be a minimum of Rs. 25,000/- and a maximum of Rs. 100,000/-. On payment of additional premium, the Insured Member may opt for Personal Accident benefit to his / her spouse to the extent of either 50% or 100% of the Member's Capital Sum Insured under the policy.

Hospitalization Insurance benefits to the Insured Member shall be a minimum of Rs. 7,000/- and a maximum of Rs. 28,000/-. On payment of additional premium, the Insured Member may opt for Hospitalization Insurance benefit to his / her spouse on floater basis, where the Sum Insured for the insured member floats on the entire family.

Benefit Table

Personal Accident Section

Event	Benefit as a percentage of Capital Sum Insured (CSI)
1. Accidental Death	100% of CSI
2. Accidental Permanent Total Disablement	100% of CSI
3. Accidental total and irrecoverable loss of both eyes or loss of use of both hands or both feet; or loss of sight of one eye and loss of use of one hand or foot.	100% of CSI
4. Accidental Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot	50% of CSI

Hospitalization Insurance Section

Sum Insured - limit per member of Insured Family (Rs.)	7,000	14,000	21,000	28,000
Limit per Illness / per claim (Rs.)	5,000	9,000	12,000	15,000

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ADDITIONAL BENEFITS WHEN MEMBER AND SPOUSE BOTH ARE COVERED

(These additional benefits will not be available where the Individual Members alone is covered)

1. Dependent Child Education Benefit: On accidental death or permanent total disablement of the Insured Member, the policy shall pay compensation of Rs. 5,000/- per dependent child below the age of 21 years (upto a maximum of two dependent children) by way of an education grant.
2. Dependent Girl Child Wedding Benefit: On accidental death or permanent total disablement of the Insured Member, the policy shall pay maximum compensation of Rs. 5,000/- for marriage of only one dependent girl child below the age of 21 years. Where the dependent girl child is less than 18 years of age, the compensation shall be in form of a bank deposit in favour of the minor girl child or her legal guardian, maturing on her attaining the age of 18 years.

PREMIUM (Exclusive of Service Tax):**SECTION I- Personal Accident Insurance**

The family premium is higher considering coverage for Spouse & the add-on benefits available.

The Add-on Benefits are (a) Dependent Child Education Benefit & (b) Dependent Girl Child Wedding Benefit

	(Rs)			
Insured Person	CSI = 25,000	CSI = 50,000	CSI = 75,000	CSI = 100,000
Individual Member	15	30	45	60
Individual Member and Spouse - where spouse is covered upto 50% of CSI for Member	30	50	75	95
Individual Member and Spouse - where spouse is covered upto 100% of CSI for Member	35	65	95	125

SECTION II- Hospitalisation Insurance**Premium Collection on Individual Basis**

If Individuals are covered the rates quoted are on per person basis and the coverage available under the policy will also be on individual basis. This premium includes coverage for Maternity Benefit under the policy.

Age Band	Premium per member of Insured Family			
Sum Insured	7,000	14,000	21,000	28,000
Age 3 months to 21 Years	95	185	285	385
Age 22 Years to 45 Years	165	240	325	465
Age 46 Years to 60 Years	220	300	440	630

Different Sum Insured will not be allowed for members under one policy.

Limits pertaining to Maternity Benefit will remain same irrespective of the higher sum insured opted by the members.

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If the group does not opt for Maternity Benefit, the total premium for the group under Section II only will be eligible for up to a 20% discount before application of group discount. However, the Sum Insured applicable to each person insured shall remain the same.

The limits per illness or per claim under the policy shall be:

Sum Insured - limit per member of Insured Family (Rs.)	7,000	14,000	21,000	28,000
Limit per Illness / per claim (Rs.)	5,000	9,000	12,000	15,000

Premium Collection on Floater Basis

The policy shall be deemed to be issued on Floater Basis, where the sum insured for the Insured Member floats on the entire family.

If the policy is issued on floater basis, the premium shall be collected as per the following rate chart. This premium includes coverage for Maternity Benefit under the policy. The premium shall not be reduced where only one dependent is covered under plan (B) & (C).

Age Band	Premium per member of Insured Family			
Sum Insured	7,000	14,000	21,000	28,000
Age 3 months to 21 Years	165	275	385	500
Age 22 Years to 45 Years	220	330	440	600
Age 46 Years to 60 Years	330	495	630	825

The premium includes coverage for Maternity Benefit. Premium shall not be reduced where only one dependent is covered under family type (B) or (C) above.

Different Sum Insured will not be allowed for different Insured Families under one policy. Limits pertaining to Maternity Benefit will remain same irrespective of the higher sum insured opted by the group.

If the Insured Families do not opt for Maternity, the premium under Section II only will be eligible for up to 20% discount before application of group discount. However, the Capital Sum Insured applicable to each Insured Family shall remain the same.

PERSONS WHO CAN BE INSURED

This Policy is available to persons who are Members (in groups) of Micro Finance Institutions, Non Government Organisations, Government Sponsored Organisations and such affinity groups / institutions in rural and social sector. Such a Member's spouse also can be insured.

Minimum Age at Entry –Adult (Years)	18 Years
Maximum Age at Entry –Adult (Years)	60 Years, except when the company at its sole discretion accepts anyone over 60 years old
Maximum Age till which renewal is available –Adult (Years)	Life long cover, no cover ceasing age
Minimum Age at Entry –Child (Months)	3 Months
Maximum age upto which dependent children who are unmarried and unemployed can be covered (Years)	18 Years.Upto 21 Years if the child is under full time education at an accredited tertiary institution at the time

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EXCLUSIONS IN SECTION I

No compensation will be paid under this policy:

- (a) Under more than one head in the Benefit Table given before for the same injury or disablement.
- (b) For death, injury or disablement (i) directly or indirectly arising out of or contributed by any preexisting disablement (ii) from intentional self injury, suicide or attempted suicide (iii) whilst under the influence of intoxicating liquor or drug (iv) arising out of or resulting from breach of law with criminal intention (v) directly or indirectly caused by venereal disease(s), AIDS, or insanity (vi) whilst engaging in speed contest, racing, aviation or ballooning or whilst mounting into, dismounting from any balloon or travelling in aircraft other than as a passenger (fare-paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world or engaging in hazardous sports of any kind whatsoever (viii) attributable directly or indirectly to war or war-like operations, ionising radiation or contamination by radioactivity from any source and nuclear weapons material.
- (c) For death or disablement directly or indirectly caused by, contributed to, or aggravated by, or prolonged by child birth or from pregnancy or as a consequence thereof.
- (d) Payment of compensation in respect of injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of issue of this Policy.

EXCLUSIONS IN SECTION II

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any **INSURED PERSON** or a member of **INSURED FAMILY** in connection with or with respect to:

1. All **DISEASES** or **INJURIES** which are a **PRE-EXISTING CONDITION** when insurance cover under this policy incepts for the first time.
2. Any **DISEASE** other than those stated in Exclusion No.3 below, contracted during the first thirty (30) days from the commencement date of the policy. This condition shall not however, apply in case the claimant has been covered under this policy for a continuous preceding twelve (12) month period without any break.

Note: Above Mentioned Exclusions shall not however apply if:

- a) In the opinion of a panel of **MEDICAL PRACTITIONERS** constituted by the Company for the purpose, the claimant could not have known of the existence of the **DISEASE** or any symptoms or complaints thereof at the time the proposal for insurance was made to the Company; and
- b) The claimant had not taken any consultation, treatment or medication, in respect of the hospitalisation for which claim has been lodged under the policy, prior to taking the insurance.
3. During the first one (1) year of operation of the insurance cover, the expenses for treatment of **DISEASES** such as cataract, benign prostatic hyperthrophy, hysterectomy of menorrhagia or fibromyoma, hernia, hydrocele, congenital internal **DISEASE** / defect, fistula in anus, piles, arthritis, Gout and Rheumatism, Joint replacements, Sinusitis and related disorders are not payable. If these **DISEASES** are a **PRE-EXISTING CONDITION** at the time of proposal, they will not be covered even during subsequent period of renewal. If the claimant under the policy is aware of the existence

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of congenital internal **DISEASE** before inception of policy, the same will be treated as a **PRE-EXISTING CONDITION**.

4. **INJURY** or **DISEASE** directly or indirectly caused by or arising from or attributable:
 - (i) War, war-like operations, act of foreign enemy, invasion of Indian territory or any part thereof, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion, military or usurped power, or loot or pillage in connection with the foregoing, seizure, capture, confiscation, arrests, restraints and detainment by order of any governments or any other authority, unless it is proved by the Insured to the satisfaction of the Company that such loss or damage or contingency or cost or expenses of whatsoever nature are not directly or indirectly caused by, resulting from or in connection with any war, war-like operations, act of foreign enemy, invasion of Indian territory or any part thereof, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion, military or usurped power, or loot or pillage in connection with the foregoing, seizure, capture, confiscation, arrests, restraints and detainment by order of any governments or any other authority.
In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.
 - (ii) Ionising radiation or contamination by radioactivity from any source whatsoever.
 - (iii) Nuclear weapons material.
5. Circumcision unless necessary for treatment of a **DISEASE** not excluded hereunder or as may be necessitated due to an **ACCIDENT**, vaccination or inoculation; or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an **ACCIDENT** or as a part of any illness.
6. The cost of spectacles and contact lenses or hearing aids.
7. Any dental treatment or surgery which is a corrective, cosmetic or aesthetic procedure, including wear and tear, unless arising from disease or injury and which requires hospitalisation for treatment.
8. Convalescence, general debility, run-down condition or rest cure, obesity; congenital external **DISEASE** or congenital internal defects or anomalies for example congenital heart anomalies like ASD, VSD, Tetralogy of Fallot etc., treatment relating to schizophrenia / insanity; sterility, venereal **DISEASE**, intentional self **INJURY** and use of intoxicating drugs/alcohol.
9. All expenses arising out of any condition directly or indirectly caused to or associated with Human T-cell Lymphographic Virus Type 111 (HTLB-111) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
10. Charges incurred at **HOSPITAL/ NURSING HOME** primarily for diagnostic, x-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any **DISEASE** or **INJURY**, for which confinement is required at a Hospital / Nursing Home.
11. Expenses on vitamins and tonics unless forming part of treatment for **INJURY** or **DISEASES** as certified by the attending **MEDICAL PRACTITIONER**.

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12. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion, or complications of any of these including caesarean section. This exclusion will apply where **Maternity Benefit** is specifically excluded under scope of the policy.
13. Expenses incurred in connection with voluntary medical termination of pregnancy.
14. Naturopathy, Homeopathy, Ayurvedic and any other form of alternative medical treatment.
15. Durable medical equipment or accessories of any kind used.
16. Expenses incurred for pre and post hospitalisation medical care.

CANCELLATION

Insured may cancel this Policy at any time by sending fifteen (15) days notice in writing to the Company or by returning the Policy and stating when thereafter cancellation is to take effect.

In the event of such cancellation the Company shall retain premium for the period that this Policy has been in force calculated in accordance with the short period rate table, less any duties and taxes Company cannot recover. However, there will be no refund of premium if you have made a claim, or you are entitled to make any claim under this Policy.

The Company reserves the right to cancel this Policy at any time by sending fifteen (15) days notice in writing to the Insured. In the event of such cancellation refund of premium shall be on pro-rata basis.

The Company also reserves the right to cancel this Policy from inception immediately upon becoming aware of any mis-representation, fraud, non-disclosure of material facts or non-cooperation by or on behalf of the Insured. No refund of premium shall be allowed in such cases.

Notice of cancellation will be mailed to the Insured at an address set forth in the Policy Schedule, and will indicate the date of termination. If notice of cancellation is mailed, proof of mailing will be sufficient proof of notice.

PERIOD ON RISK RATE OF PREMIUM TO BE CHARGED

Upto one month 1/4 of the annual rate
Upto three months ½ of the annual rate
Upto six months 3/4th of the annual rate
Exceeding six months Full annual rate

Free Look Period:

The Policyholder have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If the policyholder has any objections to any of the terms and conditions, then the policyholder has the option of cancelling the Policy stating the reasons for cancellation and will be refunded the premium paid after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. The policyholder can cancel the Policy only if no claims have been made under the Policy. All the policyholder's rights under this Policy will immediately stand

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extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

RENEWAL OF POLICY

The Company shall be under no obligation to renew the policy on expiry of the period for which premium has been paid. The Company reserves the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal. The Company, however, shall not be bound to give notice that the policy is due for renewal or to accept any renewal premium. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the period for which premium has already been paid

GROUP DISCOUNT

Group size for the group discount would be calculated by only considering the number of Insured Members under the policy:

Group Size	Discount %
Upto 100	Nil
101 to 1,000	5%
1,001 to 10,000	10%
10,001 to 50,000	12.50%
50,001 to 100,000	15%
100,001 to 200,000	20%
200,001 to 500,000	25%
Above 10 Lacs	30%

Disclaimer

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification

Anti-Rebating Warning:

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 policy in respect of any kind of risk relating to lives or property in India, any rebate of the whole or 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 rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Rs. 10 Lakhs.