



UNITED INDIA INSURANCE COMPANY LIMITED

GROUND FLOOR, PALLATH TOWER, ELOOR ROAD, KALAMASSERY. KOCHI

ERNAKULAM - 683104 KERALA

PH: (0484) 2558548 FAX: EMAIL:

TAILOR MADE GROUP HEALTH POLICY
POLICY NO.: 1009042817P110373884

(DUPLICATE)

PERIOD OF INSURANCE
FROM 00:00 Hrs on 03/10/2017
To Midnight on 02/10/2018

Insured

MS IDA-HOPE

DENTAL SPECIALITY CLINIC, NEAR OLD BUS STAND, THAMARASSERY

KOZHIKODE

KERALA

673573

Agent Name : COSMOS INSURANCE BROKERS PVT. LTD
Agent Code : BRC0000238
Mobile/Landline Number/Email : 9495217328
: cosmosbrokers@rediffmail.com

For any Information, Service Requests and Grievances please write to 100904@uiic.co.in

For ID Cards & Claim Intimations Please contact the TPA mentioned in the Policy document.

REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014

Website: <http://www.uiic.co.in>

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TAILOR MADE GROUP HEALTH POLICY
Schedule

Policy No.	1009042817P110373884			Previous Policy No.	1009042816P110191753
Insured Detail	Name/ID	MS IDA-HOPE/23010561773			
	Tel. (O)		Tel.(R)		Fax
	E-Mail				
	Business/Occupation	None			
Period of Insurance	From	00:00	Hours of	03/10/2017	To Midnight of 02/10/2018

Coinsurance	UIIC 100904 : 100%
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No.of Employees	955	No.of Lives	3997
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Coverage Details:-

Cover Group	Sum Insured(₹)	Premium(₹)
Hospitalization	486,000,000.00	8,591,146.86
Total Sum Insured	486,000,000.00	Premium 8,591,146.86

Insured Details

As Per Annexure Attached.

Premium:	₹	16,107,505.00
CGST(9%):	₹	1,449,675.00
SGST(9%):	₹	1,449,675.00
Stamp Duty:	₹	1.00
Total:	₹	19,006,855.00
Receipt Number :	11310090417108965977, 11310090417108965981	
Receipt Date:	03/10/2017, 03/10/2017	
Development Officer Code/ Agent Code:	BRC0000238	
COSMOS INSURANCE BROKERS PVT. LTD		
Cover Note No.		
Cover Note Date		

Underwriter Remarks	ADDITIONAL POLICY CONDITIONS- 1) ROOM RENT & NURSING CHARGES RESTRICTED TO 2500/- PER DAY FOR SUM INSURED 3 LAKHS & 5 LAKHS. FOR 7 LAKHS ROOM RENT & NURSING CHARGES IS RESTRICTED TO 3500/- PER DAY AND FOR SI 10 LAKHS THE ROOM & NURSING EXPENSE IS RESTRICTED TO 4000/- MAXIMUM. 2) ICU CHARGES RESTRICTED TO 2% OF SUM INSURED. 3) FOR PARENTS ,AMOUNT PAYABLE IS RESTRICTED TO 70% OF THE ADMISSABLE CLAIM. ie CO- SHARING. 4) EXPENSE FOR CATRACT SURGERY IS CAPPED TO RS.25,000/- , MAXIMUM. 5) TREATMENT EXPENSES IN HOSPITALS IN STATES OTHER THAN KERALA WILL BE CONSIDERED AT PAR WITH THE REASONABLE EXPENSES LIKELY TO INCUR IN HOSPITALS OF KERALA OR AT PAR WITH AIIMS , CMC VELLORE 6) EXPENSES FOR KNEE REPLACEMENT, HIP SURGERY AND THE LIKE, (INCLUDING IMPLANT) IS RESTRICTED TO RS.1,50,000/- MAXIMUM. THE CRITICAL ILLNESS BUFFER SUM INSURED IS 50 LAKHS WITH A LIMIT OF 5 LAKHS PER MEMBER. THE CRITICAL ILLNESS BUFFER SI IS NOT APPLICABLE IN CASE OF PARENTS OF A FAMILY. THE LIST OF CRITICAL ILLNESS IS MENTIONED IN THE TERMS & CONDITIONS ATTACHED TO THE POLICY. FOR ALL OTHER TERMS & CONDITIONS OF THE POLICY REFER THE ATTACHMENT ATTACHED TO THIS POLICY.
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This Schedule and the attached policy shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear.

Customer GST No.:		Office GST No.:	32AAACU5552C1ZS
SAC Code:	9971	Invoice No. & Date:	2817I110373884 & 23/10/2017
Amount Subject to Reverse Charges-NIL			

Anti Money Laundering Clause: -In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

Date of Proposal and Declaration: 03/10/2017

IN WITNESS WHEREOF, this policy has been signed at BO KALAMASSERY 100904 on this 23rd day of October 2017

For and On behalf of

United India Insurance Co. Ltd.

Affix Policy
Stamp here.

Authorized Signatory

Underwritten By - **SUN25384 (BO UNDERWRITER)**

Details of TPA

Please contact the following TPA for Issue of Identity Cards, Cashless Approvals & Claims Settlement.

Name of TPA	VIDAL HEALTH TPA PRIVATE LTD			
Address	Tower 2, 1st floor, SJR I Park, Plot No: 13,14,15, EPIP Area, Whitefield, Bangalore - 560066			
Toll Free number	18004258885 / 18004258565 / 18004257575 / 18004257474			
Contact Details	For General Enquiries	For Cashless approval	For Claim intimation	For Grievances
Telephone Numbers	18004258885	18004258885	18004258885	18004258885
Email IDs	care@vidalhealthtpa.com	care@vidalhealthtpa.com / chepreauth@vidalhealthtpa.com / checc@vidalhealthtpa.com / preauth@vidalhealthtpa.com	care@vidalhealthtpa.com	care@vidalhealthtpa.com / help@vidalhealthtpa.com