



UNITED INDIA INSURANCE COMPANY LIMITED

SUJAN PALACE, 19-A, IIND FLOOR, SHIKSHAK WADI, RING ROAD ABOVE STATE BANK OF INDIA Post. Box No. 64
JALGAON 425002 MAHARASHTRA
PH: (257) 2227149,(257) 2238695 FAX: (257) 2238695 EMAIL:

FAMILY MEDICARE POLICY
UIN. UIIHLIP24090V052324
POLICY NO.: 2310002823P116086369

PERIOD OF INSURANCE
FROM 00:00 Hrs on 13/03/2024
To MIDNIGHT on 12/03/2025

Policyholder

MR AJAY GANESH JAISWAL
PLOT NO 1 RAILWAY COLONY , VISHAL COLONY , JALGAON
425001
JALGAON
MAHARASHTRA

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name : SUNIL S CHAUDHARI
Agent Code : AGN1038772
Mobile/Landline Number/Email : 9420942975
: vosunilchaudhari@yahoo.com

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

For any Information, Service Requests and Grievances please write to 231000@uiic.co.in

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

Download Customer App(www.uiic.co.in). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.

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

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FAMILY MEDICARE POLICY

Policy Number	2310002823P116086369				Previous Policy No.	2310002822P113118797	
Insured Detail	Name/ID of Policyholder	MR AJAY GANESH JAISWAL /23078983802					
	Tel.(O)		Tel.(R)		Fax		
	E Mail	ajayjaiswalaj143@gmail.com				Mobile	9763459495
	Business/Occupation		Service				
Period Of Insurance	From		00:00hrs of 13/03/2024		To		Midnight on 12/03/2025
Policy Type	Family Floater Basis		Family Floater SI(₹)		200,000.00		

Coinurance	UIIC 231000 : 100%
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Insured Details

SI no	Insured Name	Age/Gender	ABHA ID	Relation	Occupation	Pre-Existing Disease /Condition declared	Inception Date of first policy	Nominee Name	Nominee Relation	Base Cover Premium(₹)
1	AJAY GANESH JAISWAL	52/M		Self	Service	None	10/02/2020	RUPALI AJAY JAISWAL	Spouse	8,447.00
2	RUPALI AJAY JAISWAL	44/F		Spouse	Housewife	None	10/02/2020	AJAY GANESH JAISWAL	Spouse	5,833.00
3	GAURAV AJAY JAISWAL	24/M		Son - Studying	Student	None	10/02/2020	AJAY GANESH JAISWAL	Father	3,416.00
4	LUCKY AJAY JAISWAL	19/M		Son	Student	None	10/02/2020	AJAY GANESH JAISWAL	Father	3,416.00

Optional Cover & Premium Details

Hospital Daily Cash Limit (Per Day)(₹)	Not Opted	Hospital Daily Cash Limit (Per Policy)(₹)	Not Opted
Restore SI Opted	No	Pre-Existing Disease/ condition loading	No
Maternity & New Born Baby Cover Opted	No		

Total Basic Premium(₹)	21,112.00
Add Hospital Daily Cash Premium(₹)	0.00
Add Maternity Expenses/ New Born Baby Cover Premium(₹)	0.00
Add Restoration of SI Premium(₹)	0.00
Add PED Loading(₹)	0.00
Less Family Discount(₹)	0.00
Less Direct Channel Discount(₹)	0.00
Less No Claim Discount(₹)	3,166.80
Less Family Floater Discount(₹)	4,486.50
Less Online Discount(₹)	0.00

Premium:	₹	13,459.00
CGST(9%)	₹	1,211.00
SGST(9%)	₹	1,211.00
Stamp Duty:	₹	1.00
Total:	₹	15,881.00
Receipt Number :	10123100023118089102	
Receipt Date:	04/03/2024	

Agent Name	SUNIL S CHAUDHARI	Agent/Broker Code	AGN1038772
Development Officer Name		Development Officer Code	

Customer GST/UIN No.:		Office GST No.:	27AAACU5552C1ZJ
SAC Code:	997133	Invoice No. & Date:	2823I116086369 & 04/03/2024
Amount Subject to Reverse Charges-NIL			

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

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.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>.

Date of Proposal and Declaration: 13/03/2024

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO II JALGAON 231000 on this 01st day of March ,2024.

For and On behalf of
United India Insurance Co. Ltd.



Affix
Policy
Stamp
Here

Authorised Signatory.

Underwritten By - SUNCHA851 (DIRECT AGENT)

Details of TPA:

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

Name of TPA/ID	Medi Assist Insurance TPA Private Limited / TPA00010			
Address	Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, Bangalore- 560029,Pune Nagar Road, Wadgaon -Sheri, Pin Code : 560029, Fax No :			
Toll Free number	1800 425 9449			
Contact Details	For General Enquiries	For Cashless approval	For Claim intimation	For Grievances
Telephone Numbers	080 4969 8000	1800 425 9449	For sending SMS 9664172929	8049698066
Email IDs	info@mediassistindia.com	cashless@mediassistindia.com	claimintimation@mediassistindia.com	grievance@mediassistindia.com



UNITED INDIA INSURANCE COMPANY LIMITED

INDIVIDUAL FAMILY MEDICARE POLICY

UIN. UIIHLIP24090V052324

POLICY NO.: 2310002823P116086369

Details of Previous Policies

Insurer Name	Policy No.	Period From	Period To	Sum Insured(₹)
UNITED INDIA INSURANCE CO.LTD.	2310002822P113118797	13/03/2023	12/03/2024	200000
UNITED INDIA INSURANCE CO.LTD.	2310002821P112270200	03/03/2022	02/03/2023	200000
UNITED INDIA INSURANCE CO.LTD.	2305002820P114049158	03/03/2021	02/03/2022	200000
UNITED INDIA INSURANCE CO.LTD.	2305002819P114474684	10/02/2020	09/02/2021	200000

**FAMILY MEDICARE POLICY
CUSTOMER INFORMATION SHEET (CIS)**

Guide to the CIS

• This document provides key information about your Family Medicare Policy. You are also advised to go through your policy document.

S.No.	Title	Description	Policy Clause No
1	Name of Insurance Policy	Family Medicare Policy	-
2	Policy Number	2310002823P116086369	-
3	Type of Insurance Policy	Indemnity Policy	I.B
4	Sum Insured Basis Sum Insured	Family Floater Basis Rs. 200000	II.B.18
5	Policy Coverage (What the Policy Covers?)	<p>Base Covers</p> <p>1. In-Patient Hospitalisation Expenses i. Covers hospitalisation expenses for a minimum period of 24 hours. These include expenses for Room Rent, ICU/CCU and other associated medical expenses. ii. All Day Care Treatments are covered</p> <p>2. Pre-Hospitalisation and Post-Hospitalisation Expenses Covers expenses incurred in the 30 days prior to hospitalisation and in the 60 days post hospitalisation subject to a maximum of 10% of SI for Pre & Post combined.</p> <p>3. Ayurvedic/Homeopathic/Unani treatment Covers expenses incurred for availing treatment under Ayurvedic/Homeopathic/Unani systems of medicine in a registered AYUSH Hospital. Limits under this cover are linked to the Sum Insured opted.</p> <p>4. Organ Donor Expenses Cover Covers hospitalisation expenses for an Organ Donor's treatment for the harvesting of organ which is donated to Insured Person.</p> <p>5. Restoration of Sum Insured If Sum Insured is exhausted completely or partially, then a Restored Sum Insured equal to 100% of the Sum Insured will be automatically and instantly available for the particular Policy Period</p> <p>6. Modern Treatment Methods & Advancement in Technologies Covers expenses for advanced medical procedures such as Robotic Surgeries, Oral Chemotherapy, Deep Brain Stimulation, Bronchial Thermoplasty, Stereotactic Radio Surgeries, etc.</p> <p>7. Road Ambulance Cover Covers expenses incurred on transportation of the Insured Person by Road Ambulance to a Hospital for treatment in an Emergency.</p> <p>8. Cost of Health Check-Up Insured Person is entitled to a health check-up for a block of every three claim-free years.</p> <p>9. Organ Donor Benefit A lump sum payment of 10% of Sum Insured, to take care of medical and other incidental expenses is payable to the Insured Person donating an organ.</p> <p>OPTIONAL COVERS</p> <p>1. Maternity Expenses and New Born Baby Cover i. Expenses incurred for a delivery (including caesarean section), or lawful medical termination of pregnancy are covered up to 10% of Sum</p>	<p>III.A.1</p> <p>III.A.2</p> <p>III.A.3</p> <p>III.A.4</p> <p>III.A.5</p> <p>III.A.6</p> <p>III.A.7</p> <p>III.A.8</p> <p>III.A.9</p> <p>III.B.1.a</p>

		<p>Insured subject to a maximum of Rs. 40,000 for normal deliveries and Rs. 60,000 for caesarean deliveries</p> <p>ii. Hospitalisation expenses for New born Baby are covered from day one up to the age of 90 days and is subject to a limit of 10% of Sum Insured.</p> <p>2. Daily Cash Allowance on Hospitalisation A cash amount will be paid daily to the Insured Person for every continuous and completed period of 24 hours of Hospitalisation. Daily cash benefit amount varies based on Sum Insured opted.</p>	<p>III.B.1.b</p> <p>III.B.1.2</p>
6	Exclusions (What the hospital doesn't cover)	<p>The following is a partial list. Please refer to Policy Wordings for the complete list of exclusions.</p> <ol style="list-style-type: none"> 1. Admission primarily for investigation & evaluation (Code - Excl04) 2. Admission primarily for rest cure, rehabilitation, and respite care (Code - Excl05) 3. Any expenses incurred on Out-patient treatment (OPD treatment) 4. Any treatment related to sleep disorder or sleep apnoea syndrome 5. Congenital External Diseases or Defects or anomalies 6. Cost of hearing aids; including optometric therapy 7. Dental treatment or surgery of any kind unless necessitated by disease or accident and requiring hospitalisation 8. Intentional self-inflicted Injury or attempted suicide 9. Routine eye-examination expenses, cost of spectacles, contact lenses 10. Vaccination or inoculation of any kind unless it is post animal bite 	<p>IV.B.4</p> <p>IV.B.5</p> <p>IV.C.4</p> <p>IV.C.6</p> <p>IV.C.10</p> <p>IV.C.11</p> <p>IV.C.13</p> <p>IV.C.14</p> <p>IV.C.15</p> <p>IV.C.20</p>
7	Waiting Period	<p>Initial Waiting Period 30 days for all illness (not applicable on renewal or for accidents)</p> <p>Specific Waiting Periods</p> <ol style="list-style-type: none"> 1. 24 months for certain specified diseases /procedures/treatments 2. 48 months for certain specified diseases/procedures/treatments 3. 24 months for Maternity Expenses and New Born Baby Optional Cover 4. 12 months for Organ Donor Benefit (When insured person is the Donor) <p>Pre-Existing Diseases: Covered after forty-eight (48) months of continuous coverage</p>	<p>IV.A.3</p> <p>IV.A.2</p> <p>Table A</p> <p>IV.A.2</p> <p>Table B</p> <p>III.B.1.a.i</p> <p>II.A.9</p> <p>IV.A.1</p>
8	<p>Financial Limits of Coverage</p> <p>i.Sub-Limits</p> <p>ii.Co-payment</p> <p>iii.Deductible</p> <p>iv.Any Other Limit</p>	<p>The policy will pay only you to the limits specified hereunder for the following diseases/procedures:</p> <p>i.a. Cataract 10% of Sum Insured subject to a maximum of Rs. 50,000/- per eye</p> <p>b. Named Mental Illnesses 25% of Sum Insured subject to a maximum of Rs. 3,00,000 per policy period for the following mental illnesses:</p> <ol style="list-style-type: none"> i. Schizophrenia (ICD - F20; F21; F25) ii . Bipolar Affective Disorders (ICD - F31; F34) iii . Depression (ICD - F32; F33) iv . Obsessive Compulsive Disorders (ICD - F42; F60.5) v . Psychosis (ICD - F22; F23; F28; F29) <p>c. Pre-Hospitalisation and Post-Hospitalization Expenses: 10% of Sum Insured (<u>Combined</u>)</p> <p>d. Ayurvedic/Homeopathic/Unani Treatment</p> <p>e. Road Ambulance:</p> <ol style="list-style-type: none"> i. 0.5% of the Sum Insured subject to a maximum of Rs. 2,500 per event and ii. 1% of the Sum Insured subject to a maximum of Rs. 5,000 per policy period <div style="border: 1px solid black; padding: 2px; text-align: center;">Sum Insured Limit per Policy Period (Rs.)</div>	<p>III.A.1.2.a</p> <p>III.A.1.2.b</p> <p>III.A.2</p> <p>III.A.3</p> <p>III.A.7</p>

		<table><tr><td>Up to 3,00,000</td><td>10,000</td></tr><tr><td>> 3,00,000 to 15,00,000</td><td>15,000</td></tr><tr><td>> 15,00,000</td><td>25,000</td></tr></table> <p>f. Health Check-Up Up to 1% of average Sum Insured of preceding 3 policy years, subject to a maximum of Rs. 5,000 per person for policies issued on individual sum insured basis/ Rs. 10,000 per policy period for policies issued on family floater basis for a block of every three claim-free years.</p> <p>ii. For persons with age of entry above 60 years in Family Medicare Policy, every admissible claim under Clauses III.A.1-III.A.7 of the policy wordings shall be subject to a co-payment of 10% on the admissible claim amount.</p> <p>iii .Deductible equivalent to Daily Cash Allowance for the first 24 hours Hospitalization</p> <p>iv. In-Patient Hospitalisation expenses</p> <table><tr><td rowspan="2">Room Rent</td><td>• SI < 5 Lakhs:</td><td>1% of Sum Insured per day</td></tr><tr><td>• SI >= 5 Lakhs:</td><td>1% of Sum Insured or Single Occupancy Standard AC Room Charges</td></tr><tr><td>ICU/IC CU charges</td><td>• SI < 5 Lakhs:</td><td>2% of Sum Insured per day</td></tr></table> <p>Proportionate Payment Clause: In case of admission to a room at rates exceeding the aforesaid limits, the payment of all associated medical expenses incurred at the Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent.</p>	Up to 3,00,000	10,000	> 3,00,000 to 15,00,000	15,000	> 15,00,000	25,000	Room Rent	• SI < 5 Lakhs:	1% of Sum Insured per day	• SI >= 5 Lakhs:	1% of Sum Insured or Single Occupancy Standard AC Room Charges	ICU/IC CU charges	• SI < 5 Lakhs:	2% of Sum Insured per day	III.A.8
Up to 3,00,000	10,000																
> 3,00,000 to 15,00,000	15,000																
> 15,00,000	25,000																
Room Rent	• SI < 5 Lakhs:	1% of Sum Insured per day															
	• SI >= 5 Lakhs:	1% of Sum Insured or Single Occupancy Standard AC Room Charges															
ICU/IC CU charges	• SI < 5 Lakhs:	2% of Sum Insured per day															

12	Things to remember	<p>If the Insured has not made any claim during the free look period, the Insured shall be entitled to:</p> <ul style="list-style-type: none"> i. A refund of the premium paid less any expenses incurred by the Company on medical examination of the insured persons and the stamp duty charges or ii. Where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the risk covered during such period <p>Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>Migration: Insured Person has the option to migrate the policy to other health insurance products/plans offered by UIIC by applying at least 30 days before the policy renewal date.</p> <p>Portability: Insured Person has the option to port the entire policy to an individual health insurance product offered by another Insurer by applying at least 45 days before policy renewal date. Portability is subject to underwriting.</p> <p>Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any times subject to underwriting by the Company. For increase in S.I, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sum insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sum insured only on the enhancement limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract</p>	<p>V.A.7.i</p> <p>V.A.7.ii</p> <p>V.A.7.iii</p> <p>V.A.15</p> <p>V.A.8</p> <p>V.A.12</p> <p>V.B.3</p> <p>V.A.9</p>
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s. Policyholder is required to disclose all material information such as, but not limited to, pre-existing diseases/conditions, medical history, etc. as sought in the Proposal form and other connected documents. Non-disclosure, misrepresentation or misdescription of such information may result in claim not being paid and shall make the policy void and all premium paid thereon shall be forfeited to UIIC.</p> <p>Nomination: Policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the Policyholder.</p>	<p>Clause I & Clause V.A.5 & Clause V.A.11</p>

(Description is illustrative and not exhaustive)

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place:

Date:

Signature of Policy Holder

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

Benefit/Premium Illustration

Please note:

1. Premium rates specified in the illustrations below are standard premium rates exclusive of any loadings and GST.
2. Rates shown below are for Zone A of FMP.

ILLUSTRATION

Illustration 1: Self, Spouse and 2 Dependent Children

Age of Insured Member	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		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)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount	Sum Insured (Rs.)	Premium (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured (Rs.)
45	9,560	3,00,000	9,560	5%	9,082	3,00,000	9,560	25%	7,170	3,00,000
40	8,221	3,00,000	8,221	5%	7,810	3,00,000	8,221	25%	6,166	
21	5,073	3,00,000	5,073	5%	4,820	3,00,000	5,073	25%	3,805	
18	5,073	3,00,000	5,073	5%	4,819	3,00,000	5,073	25%	3,805	
Total Premium for all members of the family is Rs. 27,927, when each member is covered separately.			Total Premium for all members of the family is Rs. 26,531, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 20,945.			
Sum Insured available for each individual is Rs. 3,00,000/-			Sum Insured available for each individual is Rs. 3,00,000/-				Sum Insured of Rs. 3,00,000 is available for the entire family.			

Illustration 2: Self and Spouse

Age of Insured Member	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		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)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount	Sum Insured (Rs.)	Premium (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured (Rs.)
62	39,852	5,00,000	39,852	5%	37,859	5,00,000	39,852	25%	29,889	5,00,000
56	29,596	5,00,000	29,596	5%	28,116		29,596	25%	22,197	
Total Premium for all members of the family is Rs. 69,448, when each member is covered separately.			Total Premium for all members of the family is Rs. 65,976, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 52,086.			
Sum Insured available for each individual is Rs.			Sum Insured available for each individual is Rs. 5,00,000/-				Sum Insured of Rs. 5,00,000 is available for the entire family.			

5,00,000/-		
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UNITED INDIA INSURANCE COMPANY LIMITED

SUJAN PALACE, 19-A, IIND FLOOR, SHIKSHAK WADI, RING ROAD, ABOVE STATE BANK OF INDIA Post. Box No. 64 ,
JALGAON - 425002 MAHARASHTRA

PH: (257) 2227149,(257) 2238695 FAX: (257) 2238695 EMAIL:

**Premium Certificate for the purpose of deduction under Section 80-D of Income Tax (Amendment) Act,
1986.**

This is to certify that MR AJAY GANESH JAISWAL has paid ₹15,881.00 (Fifteen thousand eight hundred eighty-one rupees only) towards Premium for FAMILY
MEDICARE POLICY for the period from 00:00 hrs On 13/03/2024 To Midnight of 12/03/2025

Policy No: 2310002823P116086369

For and On behalf of
United India Insurance Co. Ltd.

Authorised Signatory

Place: DO II JALGAON 231000
Date:04/03/2024 9:41:52 AM

NOTE: This Certificate must be surrendered to the Insurance Company for issuance of fresh certificate in case of cancellation of the policy or any alteration in the
Insurance affecting the premium.

REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014
Website: <http://www.uiic.co.in>, Email - info@uiic.co.in

This is a system generated document and any manual alteration / correction / overwriting in the document will make it invalid.