



Union Assurance PLC

Company No. PQ 12

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HOSPITALIZATION INSURANCE POLICY

WHEREAS Dialog Axiata PLC (hereinafter called 'the Policy Holder') has applied to Union Assurance PLC (hereinafter called 'the Company') for the insurance herein described for the policy holder's subscribers (hereinafter called 'the Insured') paid the premium stated in the first Schedule as consideration for the insurance hereinafter contained.

THEREFORE THIS POLICY WITNESSES that the Company will pay a fixed cash benefit for medical and/or surgical expenses incurred by any insured, in a hospital or a private registered nursing home, as an inpatient, as a result of sustaining accidental bodily injury, an occurrence of a sudden sickness/illness contracted after the commencement of the policy or any surgery which is not specifically excluded, up to the limits stipulated in Schedule No 1.

In Witness there of this policy has been signed behalf of Union Assurance PLC at Colombo on this 31st March 2014



Authorized Signature behalf of
Union Assurance PLC.



Beside you through every moment for 25 Years



Clause 1

BENEFIT LIMITS

1.1. Limits

Annual limit	LKR 30,000
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1.2. Daily Allowances and Premiums

Monthly Premium (excl. taxes)	Daily allowance per night spent in Hospital
LKR 99.00	LKR 1,000
LKR 82.50	LKR 800
LKR 66.00	LKR 650
LKR 49.50	LKR 500
LKR 33.00	LKR 300
LKR 16.50	LKR 150

Clause 2

GENERAL POLICY CONDITIONS AND PRIVILEGES

2.1. Geographical Territory

All benefits provided in this policy are applicable only to the expenses incurred within the geographical territory of Sri Lanka.

2.2. Policy Commencement and Renewals

This policy is effective from the very next calendar month after completing the daily payment for the first month. There after this policy is renewable on a monthly basis at the premium rates in effect at that time.

2.3. Claim Limits

A daily allowance shall be paid for the period of Hospitalization based on the premium paid as stipulated in Clause 1, excluding the first night of staying at the hospital. The maximum claimable limit for 12 calendar months shall not exceed the annual limit stipulated in Clause 1.1 of this Schedule.

2.4. Age Limit

This policy covers the persons aged between 18 to 60 years.





2.5. Policy Excess

50% of excess shall be applicable for claims during the first three (3) months from the policy effective date and shall be removed thereafter until a Claim is made.

If a Claim is made, 50% excess shall be reapplied to claims for a period of three (3) months following such Claim. After three (3) months have passed, the Insured will again be entitled to 100% of the benefit again.

2.6. Premium Payments

The policy holder shall settle monthly premium as follows (excluding applicable taxes):

For Pre-paid subscribers: LKR 3.30 per day (LKR 99 in total for a month)

For Post-paid subscribers: LKR 99 once a month

2.7. Notice

Every notice or communication to the Company shall be in writing and sent to the Company address. The Insured will be contacted by BIMA through his/her Dialog subscriber number.

2.8. Alterations

The Parties agree that the Premium, as specified in this Schedule, is subject to review on an annual basis and may be subject to alteration if and to the extent that it would not be reasonably possible to obtain insurance cover with that premium level. The new Premium level will be an amendment and shall be included as an Annex to this Schedule if approved in writing by both Parties.

2.9. Claim submission

Hospitalization claim documents shall be submitted within 60 days of the discharge date.

2.10. Claim Settlement

The Insured Person should notify in writing of Hospitalization of the Insured Person to UNION via BIMA together with the cause and proof thereof. This written notice shall be accompanied by a certificate of the attending physician containing registration number and mentioning the actual cause for Hospitalization of the Insured person. UNION should be notified of the occurrence of Hospitalization of the Insured Person as soon as possible by BIMA, but not exceeding sixty (60) days from the date of Hospitalization after which it will be treated as time-barred and UNION shall not be bound to pay the Claim.

For each Claim reported, UNION must obtain the documents outlined in Schedule 1 clause 2.13.

UNION shall process and pay genuine and approved Claims on receipt of required documents from BIMA within three (3) working days.





If there is a dispute, suspected fraudulent activity on the Claim or a unique situation which requires further clarification, the payment period can be extended but shall not exceed ten (10) working days, or as long as the dispute takes to resolve in the legal system.

2.11. Certification, Information and Evidence

All certificates, information, evidence required by the Company shall be furnished at the expense of the insured and in such a form that the Company may require.

2.12. Claim Document

Claims shall be submitted with a copy of:

- Diagnosis card
- Identification document
- Proof of enrolment (provided by BIMA)
- Payment receipt and the final bill shall be submitted in case of Hospitalization in a private hospital

All diagnosis cards should be completed with all the necessary components including:

- Admission and discharge dates
- Patient's name, age and sex
- Admission complains
- Investigations done
- Treatment given and the plan on discharge
- Doctor's rubber stamp and the signature

2.13. Misrepresentation / Fraud

If any claim made shall be fraudulent or exaggerated or if any false declaration or statement shall be made in support thereof, then in any of these cases, the company reserve right to void the cover in respect of such insured.

2.14. Governing Law

This policy is issued and governed by the law of the Democratic Socialist Republic of Sri Lanka.

2.15. Currency of the Payments

All payments to the insured and to the Company shall be done in Sri Lankan Rupees.





2.16. Exclusions

The Company shall not be liable to pay any Hospitalization due to following:

- Self-inflicted injury, attempted suicide or treatment obtained due to non-adherence to medical advice.
- Treatment obtained for injuries/surgeries due to direct participation in military exercises.
- Strike, riots & civil commotion, political unrest and terrorism.
- Drugs and/or Alcohol addiction.
- Treatment incurred for pre-existing/recurrent conditions
- Complications in pregnancy , childbirth or birth control
- Elective treatment and cosmetic surgeries
- Dental treatment/Surgeries
- Psychiatric/Psychological conditions
- Circumcision and vaginal membrane repairs
- Venereal disease or any sexually transmitted disease or sickness,

Clause 3

DEFINITIONS

3.1. Accident shall mean a sudden, unintentional, unexpected, unusual, and specific event that occurs at an identifiable time and place which shall, independently of any other cause and leading to an injury

3.2. Annual limit shall mean maximum limit available for the Insured to utilize for hospitalizations during one year from the first commencement of the policy .

3.4. Dental treatment shall mean a treatment done by a doctor having initial B.D.S. (Bachelor of Dental Surgery) qualification with or with-out or further specialization.

3.5. Disease shall mean a physical condition marked by a pathological deviation from the normal healthy state.

3.6. Hospital shall mean only an establishment duly constituted and registered at ministry of health care and nutrition as a hospital for the care of sick and injured persons and Which, has facilities for diagnosis and major surgery, and Provides 24 hour a day nursing services by registered and graduated nurses.



3.7. Hospitalization shall mean admission and confinement to a Hospital As a registered inpatient under supervision of a Medical Specialist following initial outpatient, day surgery or E T U treatment

3.8. Injury shall mean bodily damage caused solely by an Accident.

3.9. Inpatient shall mean a person confined to overnight stay in the hospital for clinical management of a disease or an injury seeking full time doctors' attention and observation

3.10. Insured Person shall mean subscriber of Dialog paid premium for previous month

3.11. Surgery shall mean any of the following medical procedures: To incise, excise or electro cauterize any organ or body part to repair, revise or reconstruct any organ or body part except for dental services.

3.12. BIMA is the service provider facilitating the technical integration between the company and the policy holder.

