

## **GROUP INSURANCE CONTRACT**

**CONTRACT NO.: 1735/2025**

This Contract of Insurance made in Dhaka this 00<sup>th</sup> day of March, 2025

BETWEEN

**ZENOV BPO LTD.**, having its Head office at House # 2/A, Road # 95, Gulshan – 2, Dhaka – 1212 Dhaka-1212 (hereinafter called the **Organization**) which expression wherever the context so admits shall mean to include its successors and assigns of the.....**ONE PART**

AND

**PRAGATI LIFE INSURANCE LIMITED**, having its Head Office at Pragati Insurance Bhaban (Level - 3 to 6 & 9), 20-21 Kawran Bazar, Dhaka-1215 (hereinafter called the **Company**) which expression wherever the context so admits shall mean to include their successors and assigns of the.....**OTHER PART**

Witnesseth:

WHEREAS an agreement has been arrived at between the representatives of the parties to this Contract for the implementation of Group Insurance Scheme whereby the employees along with their spouse and dependent children of the Organization are to be insured under the terms and covenants and conditions hereinafter appearing at the respective Schedule, Table of Benefits and General Conditions as stated therein.

**Date of Commencement:** 1<sup>st</sup> January, 2019 which day and month in each subsequent year shall be the Contract Anniversary Date.

**Period of Contract:** This Contract is concluded for the period of 3 (three) years i.e. from 1<sup>st</sup> day of January 2025 to 31<sup>st</sup> day of December, 2027 and thereafter shall stand automatically renewed for the same period unless terminated by either party giving 3 (three) months advance notice in writing prior to the completion of the contract period.

**Termination of Contract:** Any party reserves the right to terminate the contract by giving 3 (three) months advance notice in writing before the contract anniversary date or on which date court declares the Organization or the Company insolvent, provided that the advance premium, if any, shall be refunded to the Organization for the period to be excluded owing to termination.

**Arbitration:** All disputes between the parties hereto arising out of this Contract or in relation hereto or regarding the interpretation of any clause hereof shall be referred to a single Arbitrator in case the parties agree upon such Arbitrator; otherwise to two Arbitrators, one to be appointed by each party to the dispute and the provisions of the Arbitration Act, 2001 or any amendments thereto for the time being in force, shall be applicable to such reference.

**MADE IN DUAL COPY AND SIGNED**

In Dhaka, Bangladesh  
This 00<sup>th</sup> day of March, 2025

For and on behalf of  
**Zenov BPO Ltd.**

In Dhaka, Bangladesh  
This 00<sup>th</sup> day of March, 2025

For and on behalf of  
**Pragati Life Insurance PLC.**

In presence of:

1.

In presence of:

1.

2.

2.

**GROUP INSURANCE CONTRACT**  
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**SCHEDULE**

01	<b>Type of Insurance</b>	:	Group Term (GT) Life Insurance including Accidental Death Benefit (ADB), Permanent Total Disability (PTD), Permanent Partial Disability (PPD) & Health Insurance Benefit
02	<b>Definition of persons to be insured</b>	:	All the Regular & Permanent employees of the Organization (herein after called the Member).
03	<b>Particulars of the Members to be insured</b>	:	All the Regular & Permanent employees & their spouse & dependent children of the Organization (herein after called the Member).
04	<b>Sum Assured/Coverage in respect of each insured Member</b>	:	As stated in the Table of Benefits hereinafter
05	<b>Event on happening of which sum insured is payable</b>	:	As stated in the Table of Benefits hereinafter appearing
06	<b>Termination of Risk</b>	:	No benefits will be payable in respect of any Insured Member if Death or Disability/hospitalization occurs after retirement Age or if he/she resigns or if his/her services are terminated at any time before retirement whichever is earlier
07	<b>Premium Rate</b>	:	
	a) <b>TOTAL</b>	:	As defined in the Premium Rates Table
	b) <b>How payable</b>	:	Yearly on the 1 <sup>st</sup> day of January, each year.
	c) <b>Period in which payable</b>	:	During the tenure of the Contract
08	<b>Age limits</b>	<b>Employee/Spouse</b>	<b>Children</b>
	<b>Minimum age at Entry</b>	18 Years	Day one
	<b>Maximum age at Entry</b>	Below 60 Years	Below 25 Years
	<b>Retirement Age</b>	60 Years	25 Years

Psd life - 300K, 500K / life  
 Psd life 500K / 9.75-5.00 = 5.25  
Health u slab 50k, 80k, 100k, 150k  
 Park 1 slab 50k  
Maternity u slab 40k, 30, 15, 10  
 1 slab 25k

OPD - Previous - 10k 5k  
 Present - 20k 10k

## GROUP INSURANCE CONTRACT

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### TABLE OF BENEFITS

**Fixation of Sum Insured & Coverage Amount in respect of each employee/member under Group Insurance Scheme:**

Nature of Risk	Type of Member	Sum Insured
Natural Death Benefit (NDB)	Employee Only	500,000
Accidental Death Benefit (ADB)		1,000,000
Permanent Total Disability (PTD)		500,000
Permanent Partial Disability (PPD)		As mentioned in the PPD schedule
IPD Benefit		Amount of Coverage (BDT)
Coverage per Person per Disability	Employee, Spouse & children	50,000
Daily Hospital Room Rent (Actual but Max.)		1,500
ICU/CCU Limit per confinement		Actual up to 14 days
Total Hospital Room Rent (Actual but Max.) including ICU/CCU		20,000
All other In-Patient treatment expenses inclusive of surgical charges, consultation fees, medicines, medical appliances and relevant medical investigations related to the ailment and other ancillary services (excluding Room & ICU/CCU charges) maximum per disability.		30,000
Maternity Benefit	Female Employee, Spouse of Male employee	Amount of Coverage (BDT)
Caesarean Delivery		25,000
Normal Delivery		12,000
Legal Abortion/Miscarriage		6,000

### General Out Patient (OPD) Treatment Benefit

Plan & Grade	Grade 1	Grade 2
Maximum Limit per Member per Year	20,000	10,000
A. Maximum Consultation Limit per Member per Year	6,000	3,000
i) Specialist Visit (actual or maximum per visit)	1,500	1,200
ii) General Practitioner Visit (actual or maximum per visit)	800	600
B. Investigation & Procedure (X-ray, Lab, CT scan, ECG, ECHO, Pathology, Procedure Charges etc.) Limit per Member per Year	8,000	4,000
C. Medicine Limit per Member per Year	6,000	3,000

### Special Provision:

**Worldwide Treatment Coverage:** In-Patient treatment facilities outside of Bangladesh are also covered but reimbursement shall be made in Bangladeshi currency within the total benefit limit of the respective member.

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- A. **Death Due to Sickness/Natural Death:** If an Insured Member dies(except death due to suicide in the first year of individual coverage of an employee and HIV/AIDS related diseases), the Company upon receipt of written proof of such death as set out in Article 12 & 13 of the General Conditions and adequate proof of the deceased Member's age, and subject to provisions of this Contract will pay to the nominee of the deceased member and the nominee information to be provided to the Company at the time of insurance coverage the sum insured stated in the Table of Benefit in respect of the said Insured Member and the insurance for the said Member shall terminate. Such payment shall absolve the Company of all its liabilities in respect of the said Member.
- B. **Accidental Death Benefit (ADB):** If within 90 days from the date of occurrence, an Insured Member dies directly from an accident caused through external and violent means, then subject to the provisions of this Contract the Company shall pay to the nominee of the deceased member and the nominee information to be provided to the Company at the time of insurance coverage the sum insured stated in the Table of Benefit in respect of the said Insured Member and the insurance for the said Member shall terminate.
- C. **Permanent and Total Disability (PTD):** In case of Total and Permanent Disability resulting from bodily injury directly through accidental means, which prevents the Insured Member from engaging in any business, occupation or work whatsoever for remuneration or profit and which disability has continued uninterruptedly for a period of at least six months and has been certified to be incurable by a physician approved by the Company, then subject to provisions of this Contract, the Company shall pay to the Member the sum insured stated in the Table of Benefit and the insurance for the said Member shall terminate.

In the interpretation of this definition the Company will, however, recognise as Total and Permanent Disability the entire and irrevocable loss of:

- i) both eyes,
- ii) both hands above the wrist,
- iii) both feet above the ankle,
- iv) one hand above the wrist and one foot above the ankle,
- v) one eye and one hand above the wrist,
- vi) one eye and one foot above the ankle.

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**D. Permanent Partial Disability:** In case of a Permanent Partial Disablement caused by an accident, indemnity according to the terms and conditions mentioned hereinafter shall be made by the Company to the Organization as specified in the following schedule and where applicable, only one sum namely the larger sum will be paid for multiple injuries resulting from one accident:-

Event	% of Sum Assured payable
Loss of Sight of one eye	50
Loss of or Loss of Use of one Limb	50
Loss of Hearing	
-both ears	75
-one ear	25
Loss of Speech	50
Permanent total and irreversible loss of the lens of one eye	50
Loss of or Loss of Use of four Fingers and Thumb of	
-right hand	70
-left hand	50
Loss of or Loss of Use of four Fingers of	
-right hand	40
-left hand	30
Loss of or Loss of Use of one Thumb	
-both right joints	30
-one right joint	15
-both left joints	20
-one left joint	10
Loss of or Loss of Use of Fingers	
-three right joints	10
-two right joints	7.5
-one right joint	5
-three left joints	7.5
-two left joints	5
-one left joint	2
Loss of or Loss of Use of Toes	
-all one foot	15
-great-both joints	5
-great-one joint	3
Fractured leg or patella with established non-union	10
Shortening of leg by at least 5 cms	7.5

Permanent disabilities not mentioned above shall be compensated in accordance with their severity as compared to those listed. Permanent, partial or total loss of the use of a limb shall be deemed to be the same as permanent, partial or total loss of the said limb.

No indemnity is payable for any pre-existing degree of disablement and if further injury occurs, only the difference between the condition prior to and after current injury shall be considered.

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**GENARAL CONDITIONS**

**Article-1 CONTRACT:** This Contract, together with any supplementary contract(s) if any, applied for which are attached hereto, the Organization's Declaration, the individual Insured Member's Proposal Forms, and the Table of Benefits shall constitute the entire Contract between the parties. All statements made by the Organization and by the Members shall be deemed representations and not warranties. No statement made by any Insured Member shall be used in any context unless a copy of the instrument containing the statement is or has been furnished by the Company to such Insured Member or to his beneficiary (ies). No agent or any other individual except an Officer of the Company has authority to make or modify this Contract or to grant an extension of the premium payment period.

No change in this Contract shall be valid unless made by an amendment signed by the Organization and an Officer of the Company. Any change so made shall be binding on each Insured Member and on any other individual or individuals referred to in this Contract.

**Article-2 INFORMATION TO BE FURNISHED:** The Organization shall furnish before commencement of risk, lists/summarized statement of the Members to be covered initially and thereafter to be supplemented as and when required, unless agreed otherwise by mutual agreement, by such lists/statements of newly appointed Members and such lists/statements shall form integral part of the Contract. All such lists/statements should be signed by an authorised officer. Also, the list of discharged, removed, dismissed Members including those who deserted service on resignation, voluntary retirement/final retirement will be forwarded to the Company for exclusion of his/her name(s) from the list of Insured Members. The exclusion shall be made effective on the date of such exits.

The Organization shall also furnish to the Company any other data, information and evidence as the Company may require upon or with regard to any matter affecting the insurance hereunder and the Company shall not be liable for any action taken in good faith upon any data, information or evidence so furnished which may subsequently be proved to have been erroneous or incorrect.

Clerical error on the part of the Organization for furnishing such information shall not invalidate insurance otherwise in force nor continue insurance otherwise terminated. Upon discovery of such error an appropriate adjustment shall be made in the premium.

The Organization shall, at the request of the Company, produce or cause to be produced this Contract whenever necessary for the purpose of stamping, endorsement, extension, reinstatement or inspection.

**Article-3 PREMIUMS:** The premium shall be payable by the Organization to the Company yearly on the Date of Commencement as mentioned at premium table.

'The Company and the Organization reserves the right to review the premium rates after the expiry of the Contract. Any amendments to this rates shall be notified to the Company/Organization at least 30 (thirty) days prior to the next renewal date'.

During the Contract Year, pro-rata premiums shall be charged, for all new Insured Members who have joined the group insurance and whose amount of insurance have been increased from the date of joining or date of increase in Sum Assured. In respect of Insured Members whose insurance shall have been terminated or whose Sum Assured have been decreased and other than by occurrence of the risk(s) insured pro-rata premium in relation to the Contract Year effective from the date of termination or date of decrease in Sum Assured shall be refunded under life insurance plan.

A grace period of thirty days shall be granted for the payment of every premium after the first, during which period of grace the insurance shall continue to remain in force. However, premiums not settled when due shall carry interest at a rate of 12% per annum from due date to final settlement.

**Article-4 LIABILITY BE VOID :** In case, the premium stipulated herein shall not be duly paid for a period of 3 months and within the stipulated time and any extention thereof or any condition mentioned herein shall be contravened and the Organization fails to take any measure to correct such contravention within reasonable time or in case it may hereafter appear that an incorrect averment is contained in any statement to be furnished by the Organization in accordance with the provisions hereto mentioned in respect of the insurance affected or to be affected or that any material information has been withheld, then and in every such case, subject to the provisions of Insurance Act, 2010, the rights and liabilities of the Company under this Contract will, to the extent affected, be void and any relative insurance in respect of the Member concerned shall cease and be in respect of such insurance shall belong to the Company provided always that the Company may, consistent with the law for the time being in force, condone any such contravention and/or reinstate the insurance in full or in part thereof subject to the fulfilment of such conditions as the Company may prescribe for such reinstatement.

**Article-5 ELIGIBILITY:** Such Members proposed by the Organization who have fulfilled the underwriting requirements of the Company and whose Members the latter has agreed to insure shall be eligible to be insured under this Contract. All new Members shall be admitted into this insurance provided the entry is informed in a manner stated in the Article 2. If an entry is not duly informed then the request for a new inclusion shall be accompanied by evidence of insurability satisfactory to the Company.

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**Article-6 INDIVIDUAL EFFECTIVE DATES:** The insurance under this Contract as described in the Schedule and the Table of Benefits for which an Insured Member is eligible shall become effective on the date communicated by the Organization to the Company during the good health of the Insured Member and subject to the payment by the Organization to the Company of the yearly or pro-rata premium as defined herein.

**Article-7 ALTERATIONS IN INSURANCE:** The Organization shall inform the Company forthwith in writing of any alterations to be made to an individual insurance. Such alterations shall be endorsed on the list of Insured Members and the necessary adjustment in the premium shall be made by the Company. If an alteration involves an increase in the amount of Sum Assured of an Insured Member, new evidence of health or another medical examination may be required by the Company, if deemed necessary. Increase in the amount of Sum Assured in respect of an Insured Member in a Contract Year shall be made effective upon notification to the Company of such increase and payment by the Organization of pro-rata additional premium for the remaining period of the said Contract Year.

The insurance coverage, define at Clause 04 of the Schedule at Page No.3 of the Contract, is subject to change due to change in Member's classification or the Organization's service benefit and if such change is significant premium rate as mentioned at premium table may be re-fixed by mutual agreement.

**Article-8 RESIDENCE AND TRAVEL:** This Contract contains no restriction upon the Insured Member in respect of residence, travel, and workplace. However, the risk of aviation other than as a fare paying passenger travelling by a recognised commercial airlines is not covered.

**Article-9 ASSIGNMENT:** The benefits secured by this Contract are neither assignable nor chargeable by the Insured Members.

**Article -10 INDIVIDUAL TERMINATION:** The insurance of any Member Insured under this Contract shall cease at the expiry date of such insurance as recorded in the List of Insured Member's or upon the Insured Member's prior death or at such time as the Insured Member leaves the Organization for any reason or the insured Members services are terminated at any time for any reason whatsoever or reaches the age of retirement of the contract.

**Article-11 MEDICAL EXAMINATION:** The Company shall determine rules about Medical Examination, Personal Statement or any other matter relating to evidences of insurability of the Member and shall communicate the same to Organization in writing.

**Article-12 CLAIM:** Before making any claim payment under this Contract the Company shall require the Organization to notify in writing of death or disability of the Insured Member while this Contract is in force, and 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 of death of the Insured Member. The Company may require any other document it may deemed necessary before admitting a claim under this Contract. The Company should be notified of the occurrence of death or accident of the Insured Member as soon as possible, but not exceeding 90 (ninety) days from the date of death/accident after which it will be treated as time-barred. The Company will settle all death & disability claims within 7 (seven) working days after receiving the required documents from the Organization.

**Article -13: EXCLUSION FOR SUPPLEMENTARY BENEFITS:** Under Supplementary Covers at paragraphs B, C & D of Table of Benefits hereinbefore appearing shall not be payable if death or disability is caused by

- a. attempted suicide or intentionally self-inflicted injury, while sane or insane,
- b. war, invasion, act of foreign enemy, hostilities (where war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riots, strike, civil commotion, assault, terrorist act, homicide or any war like operations,
- c. service (including peace time training) in any military, naval, police air force or similar service, in time of declared or undeclared war or while under orders for war like operations or restoration of public order,
- d. making an arrest as an officer of the law,
- e. committing a felony,
- f. participation by the insured member in a criminal or unlawful act,
- g. any injury incurred before the effective date of the cover,
- h. engaging in or taking part in professional sport(s) or any hazardous pursue including but not limited to, martial arts, hunting, manoeuvring, parachuting, bungee-jumping,
- i. accident occurring while or because the Insured Member is affected by alcohol or any drugs, narcotics or psychotropic substances,
- j. service, travel or flight in or descent from any kind of aircraft, except as a passenger in an aircraft operated by a commercial passenger airline on a scheduled air service over an established passenger route.
- k. Nuclear contamination; the radio active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

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**CLAUSE I: DEFINITIONS**

Unless specifically defined, the following expressions shall have the meanings respectively assigned to them:  
**Accident** shall mean sudden and unforeseen event resulting in bodily injury of any kind whatsoever requiring hospitalization while this Contract is in force.

**Ancillary Services** shall mean to include labour room services, post-operative care facility, intensive care facility, oxygen therapy, blood transfusions, Admission Fees, Service Charges, Nursing Charges, ambulance service one way within the city in case of medical emergency, dressing while in Confinement, tests other than the routine investigations.

**Company** shall mean Pragati Life Insurance PLC.

**Congenital Infirmit** shall mean a physical abnormality that is present since birth, or is usually present from birth irrespective of the presence of any symptom and/or sign relating to that abnormality.

**Consultant** shall mean a Physician or a Surgeon who is registered with the Bangladesh Medical and Dental Council or as per Government rules of other countries and who is qualified to treat the type of injury or illness requiring hospitalization.

**Customary and Reasonable fees or charge** shall mean the usual fee or charges demanded by the Physician/Surgeon or Hospital/Clinic for a specific service or supply, within that specific limited geographical area.

**Dependent Family Members** shall mean (if applicable)

- i. wife or husband and
- ii. where applicable, unmarried children, step-children and children legally adopted below the age of twenty-five provided that such children are fully dependent on the Employee for financial support and recognized as such by the Organization.

**Disability** shall mean, in the event of a sickness or accidental bodily injury caused individually or simultaneously requiring hospitalization and medical treatment thereof is considered as one disability. Confinement within 120 days due to same or different ailment shall be considered as same disability. If a disability is due to causes which are the same or related to the causes of a prior disability (including complication arising there from) the disability shall be considered a continuation of the prior disability and not a separate disability. However, confinement after 120 days following latest discharge from hospital due to same cause shall be considered as separate disability.

**Effective Date** shall mean the Commencement Date of this Contract or the anniversary date thereof.

**Eligible Expenses** shall mean the expenses incurred by an insured for necessary medical care and services offered by or ordered by a physician which are reasonable and customary.

**Hospital** shall mean a hospital/clinic, which is registered as such with the Directorate of Health, Bangladesh. It shall not include rehabilitation centre, natural care clinic or nursing home for the addicted. In case of overseas treatment, it shall mean Govt. approved Hospital/clinic of that country.

**Hospitalization** shall mean confinement to a Hospital/Clinic as an in-patient for at least 24 consecutive hours. However, confinement of less than 24 hours due to technological advances for surgical intervention like Phaco-surgery, Cholecystectomy, Lithotripsy etc. shall be considered as hospitalization.

**Illness** shall mean illness, which requires hospitalization while this Contract, is in force.

**Maternity Benefit** shall mean benefit for any condition related to pregnancy or child birth and any complications there from during the period from the date of conception till final delivery. This benefit shall be effective from day one of Membership under the plan.

**Medical Emergency** shall mean a sudden onset of illness or accidental bodily injury that requires immediate hospitalization, any delay of which would jeopardize the life or health of the Member. The attending doctor shall diagnose the Medical emergency cases.

**Member** shall mean Employees of the Organization and their spouse & dependent children who have been accepted by the Company to be entitled to or prospectively entitled to benefits under this Contract.

**Necessary Medical Treatment** shall mean appropriate therapeutic procedures, services or supplies used for medical treatment of illness and injury with generally expected standard of medical practices.  
nurse shall mean a person who is registered with the Bangladesh Nursing Council as a qualified nurse.

**Plan** shall mean the Pragati Life Hospitalization Insurance Plan.

**Pre-existing Condition** shall mean any illness or disability, of which the Member is aware, or of which symptoms were evident, or for which received medical advice or treatment within twelve months immediately prior to the date of his Membership of the Plan.

**Routine Investigation** shall mean the medical tests performed routinely on admission in a hospital which shall include the following: CBC with ESR, Peripheral blood film, Blood sugar, Blood urea, urine R/E, Blood for grouping, X-ray chest, ECG and other tests as advised by the physician which is related with the active treatment.

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Spouse shall mean either wife or husband of a Member.

**Standard Health** shall mean a normal disease free state having no (i) Congenital or acquired disease/disability/deformity (ii) diagnosed chronic illness or symptoms of any illness.

**Surgical Operation** shall mean any manual or operative procedure required for cure of diseases, repair of injuries including correction of deformities and defects arising from the same, relief of pains and sufferings, and prolongation of life.

Words referring to men shall include women where applicable.

**CLAUSE II: MEMBERSHIP**

- a) Employees of the Organization shall be eligible for Membership of the Plan on the date on which he joins as an Employee of the Organization provided that he has Standard Health and not attained the age of 60 years.
- b) An employee shall apply for Membership of the Plan by completing a Membership Application Form and submitting it to the Company through his Organization. He will become a Member as soon as his application is accepted and premium received by the Company.
- c) An Employee shall cease to be a Member on the earliest of the following dates:
  - i. the date on which the Employee ceases to be a Member for any reason whatsoever, or
  - ii. the date on which the Employee retires or attains the age of 60 years, whichever is earlier, or
  - iii. the date on which this Contract terminates.
- d) The Company shall issue **Insurance Card** to each insured Member, which shall have to be produced at the Company's designated hospital/clinic for availing direct payment facility. Even if direct payment facility is not availed or treatment is taken at non-designated hospital, the Member should produce Health Insurance Card at the hospital/clinic, as the hospital/clinic shall have to quote the number of Membership card on the bills, vouchers and papers, which is to be submitted to the company for reimbursement of the claim. The Organization shall return this card to the company on the expiry of its validity or when a Member ceases to be an employee of the Organization. Any misuse of this card shall be the liability of the Organization. A lost card may be replaced upon written application endorsed by the Organization and on payment of a sum of Tk. 100/- (Taka one hundred) only by the Member.

**CLAUSE III: PREMIUM**

- a) The Company shall calculate the premium payable under this Contract based on the premium rates as mentioned at premium table. The Company and the Organization should have similar scope to review the premium.
- b) The premium under this Contract shall be payable annually in advance.
- c) If any Employee becomes a Member at any time after the Effective Date of this Contract, the premium in respect of that Member shall be charged on pro-rata basis depending on the date of his membership.
- d) The Company shall issue the renewal notice to the Organization at least 30 days before the renewal date of the Contract.
- e) No premium shall be refunded in respect of an employee who ceases to be a Member after the effective date of this contract under Hospitalization insurance plan.

**CLAUSE IV: LIMITATIONS**

- a) Successive period of hospital Confinement within 120 days due to same or different ailment shall be considered as same disability. But in no event shall the total benefit exceed the limit set forth in the Table of Benefits of this Contract.
- b) 07 (seven) days Pre & Post Hospitalization Treatment Expenses related to only medicine & investigation cost are covered. However, any out-patient treatment and any minor Surgical Operation are excluded where confinement in hospital is not necessary or performed as an out-door surgery.
- c) If any Member is also covered for similar benefits under any other insurance Contract, then payment of the claim shall be made on pro-rata basis after taking into account the coverage under all contracts.
- d) Any charge for food or food supplements (Horlicks, Viva, Bournvita etc.), antiseptics (Savlon, Dettol, Boroline, shampoo), Vitamins, Iron & Minerals (except for deficiency state as per diagnosis of treating physician), tissue/toilet papers, cosmetic creams or oils of any nature, mineral water, purifiers, diaper etc. are excluded. Telephone charges, Rental car services & VAT etc. are not included other than any service charge at hospital/clinic.
- e) Reimbursement shall not be made for any consumable appliance i.e Personal Protective Equipments (PPE), Hand gloves, Mask, Protective Safety Glasses/Goggles, Eye shields, Disposable shoe cover, Disposable cap, Disposable Utensils, Tissue paper etc. and infection control items i.e. Hexisol, Soap, disinfection spray etc

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**CLAUSE V: EXCLUSIONS (IN-PATIENT)**

- a) any congenital infirmity
- b) Pre-existing Condition (applicable for the new joiners)
- c) circumcision, prophylactic and immunization procedures
- d) mental, emotional or psychiatric disorders, alcoholism or any other narcotic addiction.
- e) Obesity i.e., treatment for, or required as a result of obesity
- f) any procedures which is experimental or not generally accepted by the medical profession viz. acupuncture, homeo, ayurvedic, Alternative Medical Care (AMC) etc.
- g) any cosmetic or plastic treatment/surgery, unless required as reconstructive surgery as a consequence of an injury due to accidents, burns.
- h) rest, convalescence or rejuvenation cures, thermal baths, physiotherapy (except hospitalization) or confinement for the purposes of slimming or beautification.
- i) treatment of family planning purposes including termination of pregnancy, sterility, infertility, subfertility, sexual dysfunction or treatment related to assisted reproduction and any kind of maternity related treatment
- j) attempted suicide, violation or attempted violation of the law, injuries willfully or intentionally self inflicted or due to insanity or under the influence of a drug
- k) routine examination of eye and ear, fitting or replacement of eyeglasses (including contact lens) or hearing aids.
- l) health screening including routine physical examinations (health check-ups), radiotherapy-X-ray radium or radioactive isotopes treatment (except hospitalization), vitamins and vitamins tests, any kind of allergic tests (i.e. IgE etc.) chemotherapy or hospitalization due to complication of chemotherapy (except hospitalization) or any form of treatment when not incidental or necessary to the treatment of the injury/illness which caused the hospitalization
- m) any dental treatment unless require hospitalization for re-constructive surgery as a consequence of an accident.
- n) injury arising due to accident while participating in any unlawful activities (e.g., driving a car without a license)
- o) non-surgical care for tuberculosis, hepatitis B & C and any kind of vaccination
- p) injury or disease directly or indirectly attributed to or caused by war, declared or undeclared, or war like operations or as a result of direct involvement in a riot, strike or civil commotion
- q) Sleep disorders i.e., treatment for insomnia, sleep apnea, snoring, or any other sleep related breathing problem
- r) injury, destruction or damage caused by nuclear fission, nuclear fusion or irradiation
- s) Costs of prostheses, corrective devices
- t) all expenses incurred in connection with the donor for any treatment
- u) AIDS and HIV diseases.
- v) Air ambulance cost.

**CLAUSE VI: EXCLUSIONS (OUT-PATIENT)**

- a) Hormone study, cancer markers, contrast x-ray etc. should be advised by consultant/specialist of concerned discipline, for reimbursement.
- b) Reimbursement shall be made for Doctor's consultation (Specialist or Consultant of concerned discipline), medicine, investigations and procedural charges as advised during consultation related to illness or injuries only.
- c) No Reimbursement shall be made for general health check-up, mental or psychiatric disorder, any or cosmetic treatments, any allergy (IgE) related treatment, ear/nose piercing, religious rituals, circumcision, beautification, herbal and homeopath treatment.
- d) No Reimbursement shall be made for non-surgical care for tuberculosis, hepatitis B & C and any other vaccination
- e) Re-imbursement shall not be made for any durable medical appliances (e.g. Hot-water bag, Hearing Aid) Extra Corporeal devises, food and food supplements (e.g. Horlicks) Vitamins, Vitamins test & Minerals (except for deficiency state as per diagnosis of treating physician) oils, health toiletries (e.g. medicated shampoo but doctor advised for treatment purpose), antiseptics (e.g. Dettol), any non-medicinal item.

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- f) Re-imbursement shall not be made for claims arising out of attempted suicide, violation of law, self-inflicted injuries while sane or insane or under influence of drug, AIDS & HIV diseases (not before one year of coverage), self-suggested medications & investigations or any investigation not relevant to the clinical condition for which consultation was sought.
- g) Re-imbursement shall be not made for non-surgical care for tuberculosis, hepatitis B & C and any other vaccination
- h) treatment of family planning purposes including termination of pregnancy, D & C, sterility, infertility, sub-fertility and any treatment related to assisted reproduction
- i) Expenses shall be reimbursed as per schedule for treatment taken during the contract period only.
- j) Reimbursement for medication shall be limited to 15 (fifteen) days only for a single consultation except for chronic diseases (e.g. Diabetics, hypertension) when reimbursement shall be made up to Three Months if advised by the consultant. However, if dose and duration of medication is not mentioned in a prescription, treatment cost shall be reimbursed for a maximum of 10 (ten) days at standard dose schedule.

**CLAUSE VII: CONDITIONS OF CONTRACT**

- a) This Contract, any riders or endorsement therein, any amendments thereto signed by the Organization and the Company, the Membership Application Forms signed by the Members shall constitute the entire contract between the parties hereto. All statements made by the Organization shall, in the absence of fraud, be deemed representations and not warranties, and no statement shall void the insurance or reduce the benefits under this Contract or be used in defence of a claim under it, unless it is contained in a written application signed by the Organization.
- b) No agent, broker or Head Office representative is authorized to alter or amend the provision of this Contract. Any alteration or amendment of this Contract shall not be valid unless approved by the Company and evidence by endorsement hereto signed by the Organization and by the Company's authorized official.
- c) Clerical error whether by the Organization or by the Company in keeping record pertaining to this Contract shall not invalidate coverage otherwise validity in force or continue coverage otherwise validity terminated but upon discovery of such errors, an equitable adjustment of premiums and benefits shall be made to conform to the true facts.
- d) No action at law or equity shall be brought to recover on this Contract prior to the expiration of 60 days after proof of claim has been filed in accordance with the requirements of this Contract, nor shall such action be brought at all unless brought within 2 years from the expiration of the time within which proof of claim is required by this Contract.