

To  
**HINDUSTAN ORGANIC CHEMICALS LIMITED**  
**XVI/1059 TO 1085, HOCL, KRL ROAD,, AMBALAMUGAL, P O,**  
**KOCHI VADAVUKODE PUTHENCRUZ,**  
**Cochin, KERALA,**  
**682302**

Date: **09-01-2026**

Subject: Policy Number: **41010260100000082-00**

Dear Customer,  
Welcome to SBI General. Thank you for choosing SBI General's Group Health Insurance Policy. We are delighted to have you as our esteemed Customer.  
We enclose the following documents pertaining to your Policy:

- Policy Schedule
- Policy Clauses & Wordings
- Grievance Redressal Letter

We have taken care that the documents reflect details of risk and cover as proposed by you. We request you to verify and confirm that the documents are in order. Please ensure the safety of these documents as they form part of our contract with you. For all your future correspondence you may have with us, kindly quote your Customer ID and Policy Number.

Customer ID: **C18689**  
Policy Number: **41010260100000082-00**  
Servicing Branch Address: **3rd Floor,Sun Tower,Bishop Alapatt Road,East Fort,Thrissur - 680005 Kerala**

In case of any queries or suggestions, please do not hesitate to get in touch with us. You can contact us at [customer.care@sbigeneral.in](mailto:customer.care@sbigeneral.in) or call our Customer Care Number 1800-102-1111 / 1800- 22-1111.  
We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,

  
Authorized Signatory

SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Master Policy No: <b>41010260100000082-00</b>	Servicing Branch Office: <b>Thrissur</b>	Issue Date: <b>06-01-2026</b>
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INTERMEDIARY DETAILS			
Intermediary Name	<b>SBI General Insurance Direct Code</b>	Intermediary Code	<b>0061174</b>
Contact Details	Mobile No.	Landline No.	
Address			

POLICY HOLDER DETAILS		
Name of Policyholder	<b>HINDUSTAN ORGANIC CHEMICALS LIMITED</b>	
Address	<b>XVI/1059 TO 1085, HOCL, KRL ROAD,,</b>	
	<b>AMBALAMUGAL, P O, KOCHI VADAVUKODE PUTHENCRUZ</b>	
	City: <b>Cochin</b> State: <b>KERALA</b> Pin-code: <b>682302</b> Landmark:	
Administrator / TPA Name	<b>FAMILY HEALTH PLAN INSURANCE TPA LIMITED</b>	
Coinsurance applicable	<b>Colns_Status</b>	
PAN No	<b>AAACH2663P</b>	
GSTN No	<b>32AAACH2663P1ZG</b>	
Email	<b>varghese.saiju@hoclindia.com</b>	
Contact Details		
Previous Policy No		
Period of Insurance	From Date and Time: <b>06-01-2026 00:00:00 hrs</b>	To Date and Time: <b>05-01-2027 23:59:59 hrs</b>
No of Primary Insured Persons covered	<b>825</b>	
Total No of Insured Persons Covered	<b>825</b>	
Total Sum Insured	<b>247500000.00</b>	

Disclaimer: SBI General Insurance Company Limited, Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | For more details on the risk factors, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | Website: [www.sbigeneral.in](http://www.sbigeneral.in), Tollfree: 18001021111 | Group Mediclaim Policy UIN: SBIHLGP24031V01234 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Group Mediclaim Policy

PREMIUM DETAILS	
Net Premium	9760079.00
CGST	878407.11
SGST	878407.11
IGST	0.00
Final Premium (inclusive of taxes)	11516893.22

Co-Insurance Details :					
Sr No	Name of the Insurance Company	Co-Insurance Share (%)	Base Premium (In INR)	Tax (In INR)	Final Premium (In INR)
1	SBI General Insurance Co. Ltd.-SBI	100.00	9760079.00	1756814.22	11516893.22
	Total	100.00	9760079.00	1756814.22	11516893.22

PREMIUM INSTALMENT CLAUSE


ARTICLE 1: Notwithstanding the provisions of Articles of General Conditions of Group Health Insurance, the Company agrees that the Insured shall pay the **11516893.22** in INR and **3** installments as detailed below:

INSTALMENT DETAILS :				
Sr No	Installment Date	Net Premium	Taxes as applicable	Total Premium
1	06-01-2026	9760079.00	1756814.00	11516893.22
2	05-03-2026	7320061.00	1317611.00	8637671.98
3	05-05-2026	7320060.00	1317611.00	8637670.80
	Total	24400200.00	4392036.00	28792236.00

ARTICLE 2: If the Insured fails to pay the premium installments by the due date provided in Article 1, the Company shall not be liable for any loss or damage caused between such date and the date of receipt of installment premium.

ARTICLE 3: In the event of additional premium due under the contract of this Special Clause, the Insured shall pay such additional premium due on the date of installment and in the event of return premium due, the Company shall return it on the due date of last installment.

Collection Details: Receipt no: 4401260100000198    Receipt Date: 09-01-2026

Signed at  (RO/BO/DO – Details)		For SBI General Insurance Company Limited 
Date and Place	09-01-2026 13:17:50:485	Authorized Signatory

P.S. If premium paid through cheque, the policy is void ab initio in case of dishonor of cheque.

Consolidated Stamp Duty paid towards Insurance Policy Stamps wide Order No CSD/360/2019/917/19 Dated 13-03-2019 of General Stamp Office, Mumbai GSTN No. 32AAACH2663P1ZG

CONTACT DETAILS IN CASE OF ANY CLAIM	
Email	customer.care@sbigeneral.in
Toll-Free number	1800221111, 18001021111 (Monday to Saturday (8 am - 8 pm)).
Website	www.sbigeneral.in
Fax No	1800227244, 18001027244

FOR HEALTH CLAIM RELATED QUERY	
Email	Sbig.health@sbigeneral.in
Toll-Free number	18002103366, 18002106366 (24 /7)
Website	www.sbigeneral.in
SMS	HEALTHCLAIM to 561612

## Group Mediclaim Policy

### Grievances Redressal Procedure

#### Stage 1

If you are dissatisfied with the resolution provided above or for lack of response, you may write to [head.customercare@sbigeneral.in](mailto:head.customercare@sbigeneral.in). We will look into the matter and decide the same expeditiously within 14 days from the date of receipt of your complaint.

For Senior Citizens: Senior Citizens can reach us at [seniorcitizengrievances@sbigeneral.in](mailto:seniorcitizengrievances@sbigeneral.in); Toll Free - 1800 22 1111 / 1800 102 1111 Monday to Saturday (8 am - 8 pm)

#### Stage 2

In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may send your Appeal addressed to the Chairman of the Grievance Redressal Committee at : [gro@sbigeneral.in](mailto:gro@sbigeneral.in). or contact at: 022-42412070

Address: Grievance Redressal Officer, 9th Floor, A & B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400 099

List of Grievance Redressal Officers at Branch:

<https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf/>

#### Stage 3

In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may Register your complaint with IRDAI on the below given link <https://bimabharosa.irdai.gov.in/Home/Home>

#### Stage 4

If your grievance remains unresolved from the date of filing your first complaint or is partially resolved, you may approach the Insurance Ombudsman falling in your jurisdiction for Redressal of your Grievance. The details of the Insurance Ombudsman can be accessed at <https://www.cioins.co.in/Ombudsman>

If Your issue remains unresolved You may approach IRDAI by calling on the Toll-Free no. 155255 or You can register an online complaint on the website <http://igms.irda.gov.in>

For any communications with respect to the Insurance Contract, you can contact our nearest branch office or write to us at “SBI General Insurance Company Limited. 9th Floor, Wing A & B, Fulcrum, Sahar Road, Andheri (East), Mumbai – 400 099

#### Important Note:

Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all information related to his health and which has a bearing on the acceptance or rejection of the Proposal by the Insurer and also not to suppress any factual information in response to the questions in the Proposal form.

Please examine this Policy including its attached Schedules/ Annexure if any. In the event of any discrepancy, contact the office of the Insurer immediately, it is noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event of dishonor of cheque for any reason whatsoever, insurance provided under this document automatically stands canceled from the inception of the Policy irrespective of whether a separate communication is sent or not.

All terms, conditions, and exclusions are as per standard Policy wordings attached with this Schedule

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## GROUP MEDICLAIM POLICY

### CUSTOMER INFORMATION SHEET

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

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
1.	Name of Insurance Product/ Policy	Group Mediclaim Policy	
2.	Policy Number	41010260100000082-00	
3.	Type of Insurance Product/ Policy	Both Indemnity and Benefit	
4.	Sum Insured (Basis)	Family Floater - INR 300000, Retired/VRS opted Employees & their Spouses and Spouses of deceased employees	
5.	Policy Coverage (What the Policy Covers)	<p>"Following are covered as basic cover up to the limit specified in the policy schedule</p> <p>Section A-Base Cover</p> <ol style="list-style-type: none"> <li>1. Inpatient care</li> <li>2. Organ Donor</li> <li>3. Day Care Treatment</li> <li>4. Pre-hospitalization Medical expenses</li> <li>5. Post-hospitalization Medical expenses</li> <li>6. Modern Treatment</li> <li>7. Inpatient care under Alternative Treatment</li> <li>8. Domiciliary Hospitalization</li> </ol> <p>"</p> <p>"Following are covered as optional cover up to the limit specified in the policy schedule</p> <p>Section B-Optional Covers Under Hospitalization Cover</p> <ol style="list-style-type: none"> <li>1 Modification of Bariatric Surgery.</li> <li>2 Emergency Ground Ambulance.</li> <li>3 Vision correction.</li> </ol> <p>"</p>	Coverage

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
6.	<b>Exclusions (What the policy does not cover)</b>	<p><b>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Investigation &amp; Evaluation: (Code Excl04)</li> <li>2. Rest Cure, rehabilitation and respite care: (Code- Excl05)</li> <li>3. Obesity/ Weight Control: (Code Excl06)</li> <li>4. Change-of-Gender treatments: (Code Excl07)</li> <li>5. Cosmetic or plastic Surgery: (Code Excl08)</li> <li>6. Hazardous or Adventure sports: (Code Excl09)</li> <li>7. Breach of law: (Code Excl10)</li> <li>8. Maternity: (Code Excl18)</li> <li>9. Excluded Providers: (Code Excl11)</li> </ol> <p>Note: The exclusions mentioned above shall not be applicable if cover is opted under the policy.</p>	Waiting period and exclusions
7.	<b>Waiting period</b>	<ol style="list-style-type: none"> <li>"1. Initial Waiting Period: Not applicable</li> <li>2. Pre-Existing Diseases (PED): Not applicable</li> <li>3. Specified disease/ procedure: Not Applicable"</li> </ol>	Waiting period and exclusions
8.	<b>Financial Limits of the Coverage</b>	<p><b>In case of a claim, this policy requires you to share the following costs as per the limits specified below or as per the limits as specified in the Policy Schedule or Certificate of Insurance:</b></p> <p>"In case of a claim, this policy requires you to share the following costs as per the limits specified below or as per the limits as specified in the Policy Schedule or Certificate of Insurance:"</p>	Scope of Cover and Endorsements

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
9.	Claims/ Claims Procedure	<p><b>a. For Cashless Service:</b> Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link  <a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></p> <p><b>b. For Reimbursement of Claim:</b> For reimbursement of claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified in the Policy Wordings.</p> <p>Turn Around Time (TAT) for claim settlement</p> <p>i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents.</p> <p>ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents.</p> <ul style="list-style-type: none"> <li>Hospital Network details can be obtained from link:  <a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></li> <li>List of Hospitals which are blacklisted or from where no claims will be accepted by the insurer is available in below link:  <a href="https://www.sbigeneral.in/contact-us/hospital">https://www.sbigeneral.in/contact-us/hospital</a></li> <li><b>Toll Free number: 1800 210 3366, 1800 210 6366</b></li> <li>Claim forms can be downloaded from below link:  <a href="https://www.sbigeneral.in/claim/claims-form-download">https://www.sbigeneral.in/claim/claims-form-download</a></li> </ul> <p><b>Note:</b> For cover wise claims procedure, please refer to policy wordings.</p>	General terms and clauses
10.	Policy Servicing	<p><b>Email:</b> customer.care@sbigeneral.in</p> <p><b>Toll-Free number</b> 18001021111(24*7)</p> <p><b>Website:</b> www.sbigeneral.in</p>	
11.	Grievances/ Complaints	<p>Stage 1:</p> <p>If you are dissatisfied with the resolution provided above or for lack of response, you may write to <b>head.customercare@sbigeneral.in</b>  We will look into the matter and decide the same expeditiously within 14 days from the date of receipt of your complaint.</p> <p>For Senior Citizens: Senior Citizens can reach us at <b>seniorcitizengrievances@sbigeneral.in</b>; Toll Free - 1800 22 1111 / 1800 102 1111 (24*7)</p> <p>Stage 2:</p> <p>In case, you are not satisfied with the decision/resolution</p>	General terms and clauses

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p>communicated by the above office, or have not received any response within 14 days, you may send your Appeal addressed to the Grievance Redressal Officer at : <b>gro@sbigeneral.in</b> or contact at 022-45138021.</p> <p>Address: Grievance Redressal Officer, 9th Floor, A &amp; B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400</p> <p>099. List of Grievance Redressal Officers at Branch:</p> <p><b><a href="https://content.sbigeneral.in/uploads/0449cac1bcd144bb b160d3f6b714fbbd.pdf">https://content.sbigeneral.in/uploads/0449cac1bcd144bb b160d3f6b714fbbd.pdf</a></b></p> <p>Stage 3:</p> <p>In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may Register your complaint with IRDAI on the below given link</p> <p><b><a href="https://bimabharosa.irdai.gov.in/Home/Home">https://bimabharosa.irdai.gov.in/Home/Home</a></b></p> <p>Stage 4:</p> <p>If your grievance remains unresolved from the date of filing your first complaint or is partially resolved, you may approach the Insurance Ombudsman falling in your jurisdiction for Redressal of your Grievance. The details of the Insurance Ombudsman can be accessed at (<b><a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></b>)</p>	
12.	Things to remember	<ol style="list-style-type: none"> <li><b>1. Free Look Cancellation:</b> The insured will be allowed a period of at least 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. For detailed conditions and refund summary, please refer to policy wordings.</li> <li><b>2. Policy renewal:</b> The Policy shall ordinarily be renewable provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person.</li> <li><b>3. Migration:</b> The insured person will have the option to migrate the Policy to other health insurance products/ plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. For Detailed Guidelines on Migration, kindly refer the link <b><a href="https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf">https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf</a></b></li> <li><b>4. Portability:</b> The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI</li> </ol>	General terms and clauses

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p>guidelines related to portability. For Detailed Guidelines on portability, kindly refer the link:  <a href="https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf">https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf</a></p> <p><b>5. Moratorium Period:</b> After completion of sixty continuous months of coverage (including portability and migration) in health insurance Policy, no Policy and claim shall be contestable by the Insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first Policy. Wherever, the Sum Insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of Sums Insured only on the enhanced limits.</p>	
13.	<b>Your Obligations</b>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p><b>Disclosure of Information:</b> The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description, or non-disclosure of any Material Fact by the Policyholder.</p>	General terms and clauses

Declaration by the Policy Holder: I have read the above and confirm having noted the details.

Place: .....

Date:.....

Signature of the Policyholder

Note:

- For product related documents including Customer Information Sheet, kindly refer to the below link: <https://www.sbigeneral.in/downloads>
- In case of any conflict, the terms and conditions mentioned in the policy document shall prevail

SBI General Insurance Company Limited, Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | CIN: U66000MH2009PLC190546 | Tollfree: 18001021111 | [customer.care@sbigeneral.in](mailto:customer.care@sbigeneral.in) | [www.sbigeneral.in](http://www.sbigeneral.in) | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | IRDAI Reg No: 144 | Group Mediciam Policy | UIN: SBIHLGP24031V012324. SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products



Scope of Cover: As Per SBIG Group Mediclaim (GMC) Policy (New)	
Coverages	Coverage Description/ Limits applicable
Corporate Name	HINDUSTAN ORGANIC CHEMICALS LTD
Base Sum Insured	INR 300000
Sum Insured Basis	Family Floater
Family Definition	Retired/VRS opted Employees & their Spouses and Spouses of deceased employees
Min and Max Entry Age - Adult	36 years and 100 years respectively
Min and Max Entry Age - Child	Child not covered in the policy
Waiting period for Pre- Existing Diseases (PED)	Pre- Existing Diseases (PED) covered from day 1
Initial Waiting Period - 30 days	Not Applicable
Disease Specific Waiting Period	Not Applicable
Inpatient care	1. Nursing charges excluding private nursing charges 2. Medical practitioner's fees, excluding any charges or fees for stand-by services 3. Medicine, Drugs and consumables 4. Physiotherapy, investigation and diagnostics procedures directly related to admission 5. Anaesthesia, Blood, Oxygen 6. Intravenous fluids, blood transfusion, injection administration charges and / or consumables 7. Operation theatre charges 8. The cost of prosthetics and other devices or equipment if implanted internally during surgery
Room Rent Capping	Room rent limit per day for Normal room - 1% of base SI or actuals whichever is less and for ICU room - 2% of base SI or actuals whichever is less  In case insured opts for a higher room category than eligibility: 1) For normal Room : Proportionate deductions will be applicable on defined 'associate medical expenses'. Associated Medical Expenses shall include Room Rent, nursing charges, operation theatre charges, fees of Medical Practitioner/surgeon/ anaesthetist/ Specialist conducted within the same Hospital where the Insured Person has been admitted. The below expenses are not part of associate medical expenses a. Cost of Pharmacy and consumables b. Cost of implants and medical devices c. Cost of diagnostics 2) For admission in ICU / ICCU - proportionate deduction will only be done on the ICU / ICCU room rent, and not on any other associated medical expenses etc.
Organ Donor Cover	Covered Up to 20% of Base SI
Day Care Treatment	Covered up to base SI
Pre-hospitalization Medical expenses	Covered up to 30 days
Post-hospitalization Medical expenses	Covered up to 60 days
Modern Treatment	Modern Treatments covered Up to 50% of Sum Insured.  List of Modern Treatments:- A. Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound) B. Balloon Sinuplasty C. Deep Brain Stimulation D. Oral Chemotherapy E. Immunotherapy - Monoclonal Antibody to be given as injection F. Intra Vitreal Injections G. Robotic Surgeries H. Stereotactic Radio Surgeries I. Bronchial Thermoplasty J. Vaporisation of the Prostrate ( Green Laser Treatment or Holmium Laser Treatment) K. IONM - (Intra Operative Neuro Monitoring) L. Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.
Alternative Treatment Inpatient expenses (AYUSH)	AYUSH treatment covered up to base sum insured on IPD basis subject to 24 hrs hospitalization and subject to treatment taken in a government Hospital or in any institute recognized by government and/ or accredited by Quality Council of India or National Accreditation Board on Health
Domiciliary Hospitalization	Covered Up to 20% of Sum Insured
Maternity Expenses	Maternity not covered
Accident Multiplier	Not Applicable
Prosthetic cover	Not Covered
Funeral and Repatriation Cover	Not Covered
E-opinion Cover	Not Covered
Sum Insured Reinstatement	Not Applicable
Physiotherapy and Rehabilitation cover	Not covered
Non-medical Expenses	Not Covered
Gender Reassignment cover	Not Covered
Attendant Charges Cover	Not covered
Vision Correction cover	Covered with refractive error equal to greater than +/- 4.5
Air Ambulance cover	Not covered
Emergency Ground Ambulance	Up to INR 1000 per Hospitalization
New Born Baby Cover from Day 1	Baby not covered in the policy
Infertility Cover and Surrogacy Cover	Not Covered
Co-payment	Co-pay not applicable

Corporate Floater	Corporate buffer not applicable			
Internal Congenital Diseases	Covered			
External Congenital Diseases	Not covered			
Wellness/Health check up Benefit	This Quote is without wellness benefit & without Health check up facility.			
cataract Limit	Rs.50,000/- per eye			
Disease wise limit	No limit Applicable			
Installment	Installment Date			
Installment	<b>Instalment Date</b>	<b>Premium</b>	<b>GST</b>	<b>Total</b>
	05-01-2026	97,60,080	17,56,814	1,15,16,894
	05-03-2026	73,20,060	13,17,611	86,37,671
	05-05-2026	73,20,060	13,17,611	86,37,671
		<b>2,44,00,200</b>	<b>43,92,034</b>	<b>2,87,92,236</b>

Other Terms & conditions:	
<p>*Non-disclosure of facts material to the assessment of the risk or providing misleading information will nullify the cover under the policy issued thereafter. We reserve the right to charge extra premium / cancel the policy. If there are any additions / alterations to the shared data" after the submission of this quotation, then the same will be communicated to the insurer immediately in writing to revalidate the quote.</p>	
<p>*Employees shall be covered from date of joining in the company subject to sufficient CD balance being maintained with insurer and subject to intimation received within 45 days from the employee DOJ in the company.</p>	
<p>*Addition/deletion shall be done on prorata basis once in a month only subject to data being provided to us by 15th of succeeding month (or predecided date ) subject to sufficient CD balance being maintained.</p>	
<p>*Mid term inclusion of Spouse &amp; children shall only be allowed only in case of natural additions I.e marriage, child birth and legal adoption. The same is to be intimated to us within 45 days from date of marriage/child birth/adoption and Subject to 64Vb compliance.</p>	
Hospitalization related to terrorism covered	
Cochlear Implant covered upto 50% SI	
Interchange of dependents will not be allowed during policy period & subsequent renewal also.	
<p>External Congenital diseases covered for Life threatening conditions :-</p> <ol style="list-style-type: none"> <li>1. inguinal and abdominal Hernia</li> <li>2. Casudal Regression Syndrome</li> <li>3. Imperforate Anus</li> <li>4. Spina Bifida</li> <li>5. Congenital Cataract</li> <li>6. Biconal Cranio Synthesis</li> </ol> <p>Above will be consider as life threatning and can be covered. Other conditions will be out of scope of the policy.</p>	
<p>No individual can be covered more than once in the policy – specifically if an employee and spouse are working for the same organization both cannot cover each other. In case at the time of claim it is found that the member is covered more than once, a deletion endorsement (without any refund) of such member will be effected to ensure he/she is covered only once.</p>	
<p>*Mid term increase in SI is not allowed. ( No change in sum insured/ no addition of any new sum insured slab allowed after commencement of policy)</p>	
<p>*Administration/ Registration/ Service Charges &amp; Misc. Charges are not payable</p>	
<p>Claims will be paid on a reasonable and customary basis only.</p>	
<p>In case employees/ Dependents are covered on voluntary basis, it is mandatory to declare it at the time of quotation only else we reserve the rights to revise or withdraw our quote.</p>	
<p>Group to Retail portability clause Continuity benefit will be provided as per retail medical underwriter.</p>	
<p>In case of deletion, there will be no refund for members who have claimed. If policy have per family rate chart then there would be no refund for entire family if any member from family have any claim.</p>	
<p>In case of deletion, if intimation will be provided later than the DOL and any claim has been taken by the member in that period, Recovery of the claim amount need to be made from the corporate.</p>	
<p>Any Doctors/ Surgeons fees charged/paid over and above the Hospital Standard Tariff/Package stand excluded from the scope of the policy. In case of Chamber cases or outside visiting consultant has conducted the surgery or is being consulted, Insurance company would be liable to pay up to the agreed tariff/ package rates with the hospital. The over &amp; above limit will have to be borne by the customer .</p>	
<p>Beneficiary name for issue of claim cheques will be assumed as name of the corporate unless otherwise specified. Any additions for new employee, spouse/ children would be allowed within 45 days of date of joining, marriage / birth respectively subject to sufficient CD balance available.</p>	
<p>Additional premium for each additional member would be charged for all addition endorsements as per final rate chart. The list of members submitted at the inception of the policy will be considered as final.</p>	
<p>Client to ensure that they maintain sufficient CD balance though out the policy period to avoid 64vb compliance issue at the time of endorsements.</p>	
<p>Rest all terms and conditons as per standard SBIG Group Medclaim (GMC) Policy wording.</p>	