

Form No.: PD/BA/Prospectus/90

BHAVISHYA AROGYA

PROVIDENT MEDICLAIM INSURANCE

PROSPECTUS



The New India Assurance Co. Ltd.

(A subsidiary of General Insurance Corporation of India)
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PROSPECTUS

BHAVISHYA AROGYA

1. SALIENT FEATURES OF THE POLICY

- 1.1 The scheme has been designed so as to enable a person to provide himself for medical needs during his old age out of saving during his earning phase, as an old age security. Under this policy the medical expenses to be incurred over the balance life span after a predetermined age of retirement will be reimbursed upto the amount of the sum insured with an inlimit of an amount per `Any One Illness/Injury.'
- 1.2 The scheme will be available to all Indian citizens provided his/her age at the time of taking policy is within the age group of 25 years to 55 years.
- 1.3 The scheme provides for payment of insurance premium in easy annual instalment commencing from any selected date between 25 years and 55 years and ending with the attainment of selected age of retirement i.e. between 55 years and 60 years. The date of payment of first instalment premium shall signify the commencement of pre-retirement period and each annual instalment premium deposit upto the retirement age shall be paid on or before the due date. It is necessary to have minimum interval of four years between age at entry and policy retirement age. The scheme also provides for payment of entire premium in one single instalment and even in that case there should be a minimum interval of four years between age of entry and Policy Retirement Age. Premium tables are enclosed.
- 1.4 Grace Period: A grace period of 30 days will be allowed in regard to payment of annual instalment of premium deposit. If payment is delayed beyond the grace period additional premium will be charged at the rate of 1% per month or part thereof upto a maximum period of six months, including grace period of 30 days. If premium instalments are not received within the maximum period of 6 months, the policy will automatically lapse and it will qualify for refund on demand at prescribed scale.
- 1.5 No pre-insurance medical examination is required.

1.6 Refund of Premium:

- 1.6.1 The scheme allows a suitable refund of premium already paid in the event of premature death of the insured, as per scale. In case of voluntary withdrawals from the scheme refund is allowed to the extent of 75% of refund payable on death.
- 1.6.2 After commencement of risk at policy retirement age selected by Insured, provision is also made for refund at appropriate scale, in case of death provided no claim is preferred. Similarly in case of voluntary withdrawals from the scheme refund is allowed to extent of 75% of refund payable on death, provided on claim is preferred.
- 1.7 The amount of maximum total benefit available under the basic policy will be 50,000/(Rupees fifty thousand only) during the life time of the Insured commencing from the Policy Retirement Age and shall not exceed Rs. 20,000/- (Rupees twenty thousand only) per any one illness or injury.
- 1.8 The Insured can increase the amount of benefit anytime prior to four years of commencement

of Policy Retirement Age by additional units of Rs. 10,000 each. Premium payable for each such additional unit shall be at the rate of 20% of the basic premium applicable for the relevant age at which such additional units are opted for.

- 1.9 Advancement/postponement of retirement age is not permissible.
- 1.10 The scheme provides for assignment.
- 1.11 In the event of any claim becoming admissible under the policy, the Company will reimburse to the insured person the amount of such expenses as are actually and necessarily incurred in respect thereof anywhere in India by or on behalf of such Insured but not exceeding the amounts Any One Illness/Injury and overall limit during the covered period as provided in the `SCHEDULE' after commencement of the policy retirement age.
- 1.12 Proof of age: Completed number of years will be considered for the purpose of age. Birth certificate, school certificate or any other certificate giving proof of age to be submitted at the time of entry which will be valid throughout pre-retirement and post-retirement period.
- 1.13 After commencement of risk, Cumulative Bonus at 5% of maximum benefit available at the beginning of each-claim free year will be added to the sum insured for the subsequent years subject to maximum accumulation for 10 (ten) such claim free years in all during entire policy period.

2. **DEFINITIONS**

2.1 HOSPITALS/NURSING HOMES

Shall be deemed to mean any institution in India established for indoor care and treatment of sickness and injuries and which has been registered either as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered and qualified doctor.

- 2.1.1 The term 'Hospital' shall not include an establishment which is a place of rest, a place for the aged, a place for drug addicts, a place of alcoholics, a hotel or a similar place. In case Hospital/Nursing Home is not registered with the local authority, the minimum requirements to be complied with will be as under:
 - 1) it should have atleast 10 in-patient beds.
 - 2) fully equipped nursing staff in its employment round the clock.
 - 3) fully equipped operation theatre of its own.
 - 4) fully qualified Doctor should be in charge round the clock.

2.2 DOMICILIARY HOSPITALISATION BENEFIT

Means medical treatment for a period exceeding three days for such illness/disease/injury which in the normal course should require care and treatment at a Hospital/Nursing Home but actually taken whilst confined at home in India under any of the following circumstances viz.

- 2.2.1 The condition of the patient is such that he/she cannot be removed to the Hospital/Nursing Home or
- 2.2.2 The patient cannot be removed to Hospital/Nursing Home for lack of accommodation therein or .
- 2.2.3 The patient prefers to be confined at home for the treatment with the approval of the attending Medical Practitioner.

Subject however that domiciliary hospitalisation benefits shall not cover expenses incurred for treatment for any of the following diseases:

- 1. Asthama
- 2. Bronchitis
- 3. Diarrhoea and all types of Dysenteries including Gastroenteritis
- 4. Diabetes Mellitus and Insipidus
- 5. Epilepsy
- 6. Hypertension
- 7. Influenza, Cough and Cold
- 8. All Psychiatric or Psychosomatic Disorders
- 9. Pyrexia of Unknown Origin for less than 10 days
- 10. Tonsilitis and Upper Respiratory Tract infection including Laryngitis and Pharingitis
- 11. Arthritis, Gout and Rheumatism

Note: When treatment such as Dialysis, Chemotherapy, Radiotherapy etc. is taken in the Hospital/Nursing Home and the Insured is discharged on the same day, the treatment will be considered to be taken under Hospitalisation Benefit Section.

3.0 ANY ONE ILLNESS

Any One Illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Doctor/Hospital/Nursing Home Occurrence of some illness after a lapse of 45 days as stated above will be considered as new illness.

3.1 MEDICAL PRACTITIONER

Means a person who holds a degree/diploma of a recongnised institution and is registered by Medical Council the of respective state of India.

3.2 QUALIFIED NURSE

Means a person who holds a certificate/diploma of a recognised Nursing Council and who is employed on recommendation of the attending Medical Practitioner.

4.0 POLICY RETIREMENT AGE

Means the age selected by the Insured at the time of signing the proposal and specified in the Schedule for the purpose of commencement of benefits in the policy. The policy retirement age cannot be advanced due to any cause during the pre-retirement period.

5.0 PRE-RETIREMENT PERIOD

Means the period commencing from the date of acceptance of the proposal and ending with the policy retirement age specified in the Schedule during which the Insured shall be paying instalment/single premium deposit as applicable.

5.1 The risk is to commence from the date on which the last instalment premium is paid. In case the last instalment of premium is not paid on the due date maximum grace period allowable will be six months without charging additional premium but the risk will commence only from the date of payment of the last instalment. After expiry of six months from the due date of the last instalment, the policy will be treated as lapsed and necessary refund of premium deposit will be allowed to the insured as per the table of refund.

6.0 EXCLUSIONS

The company shall not be liable to make any payment under the policy in respect of any expenses whatsoever incurred by the Insured in connection or in respect of :

- 6.1 Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, ACT of Foreign Enemy, War like operations (whether war be declared or not).
- 6.2 Routine eye examination and cost of glasses and contact lenses.
- 6.3 Dental treatment or surgery of any kind unless requiring hospitalisation.
- 6.4 Convalescence, general debility, "Run-down" condition or rest cure, congenital external defects or anomalies, sterility, venereal disease, intentional self-injury, use of intoxicating drugs.
- 6.5 Charges incurred at Hospital or Nursing Home primarily for diagnostic X-Ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at Hospital, Nursing Home or at home under Domiciliary Hospitalisation as defined.
- 6.6 Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- 6.7 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons.
- 6.8 Naturopathy Treatment.

7.0 NOTICE OF CLAIM

Preliminary notice of claim with particulars relating to policy number, Name of insured person in respect of whom claim is made, nature of illness/injury, name and address of the attending Medical Practitioner/Hospital/Nursing Home, should be given to the Insurance Company within seven days from the date of Death/Injury/Hospitalisation/Domiciliary Hospitalisation. Final claim alongwith hospital receipted Bills/Cash Memos, Claim form and lists of documents as listed in the claim form etc. should be submitted to the Company within 15 days of the date of completion of the treatment. Failure to give notice or file such claim in time as stated above may not however invalidate or reduce any claim if it is substantiated that it was not reasonably possible for the claimant to give notice of the claim within the prescribed time.

8.0 PAYMENT OF CLAIM All claims under this policy shall be payable in Indian currency. All medical treatments for the purpose of this insurance will have to be taken in India only.

9.0 INCOME TAX BENEFIT Premium instalment upto Rs. 3,000 per year will be eligible for exemption under 80-D of the Income Tax Act.

PREMIUM TABLE

SINGLE PREMIUM (in Rs. for Rs. 50,000 Sum Insured)

ANNUAL PREMIUM (in Rs. for Rs. 50,000 sum insured)

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FACTORS FOR REFUND OF PREMIUM On death before commencement of Risk

ANNUAL PREMIUM (AP)

SINGLE PREMIUM (SP)

Number of Annual Premiums (AP) paid before death	Refund factor to be applied to total premium Paid i.e. (n X AP)	Year of death from payment of Single Premium n	Refund factor to be applied to Single Premium i.e. (SP)
1	0.7271		
2	0.9034	1	0.7999
3	0.9981	2	1.0411
4	1.0751	3	1.2041
5	1.1475	4	1.3567
6		5	1.5135
7	1.2197	6	1.6803
8	1.2938	7	1.8603
9	1.3712	8	2.0561
	1.4525	9	2.2700
10	1.5387	10	2.5041
11	1.6302	11	2.7610
12	1.7277	12	3.0428
13	1.8318	13	3.3524
14	1.9429	14	3.6925
15	2.0619	15	4.0661
16	2.1892	. 16	4.4772
17	2.3258	17	4.9290
18	2.4721	18	5.4256
19	2.6292	19	5.9719
20	2.7979	20	6.5727
21	2.9790	21	7.2334
22	3.1738	22	7.9602
23	3.3831	23	8.7504
24	3.6083	24 25 26 27	10.6085
25	3,8507 4,1116	26	12.8390
26	4.3924	27	14.1258
27	4.6951	28	15.5413
28	5.0212	29	17.0983
29	5.3728	30	18.8110
30	5.7519	31	20.6949
31		32	22.7674
32	6.1609	33	
33	6.6021 7.0784	34	25.0467

NOTE: Refund in case of voluntary withdrawal will be 75% of the refund payable in case of death.

NO CLAIM REFUND AFTER COMMENCEMENT OF RISK

In the event of death anytime after commencement of risk, the amounts of "No Claim Refunds" will be as follows:

		Amount of retuna	Amount of retuna			
Age at retirement (i.e. Entry age plus term)	*	Rs.				
(4.0.		6397				
55		6552				
56		6709				
57		6867				
58		7026				
59		7186				
60		drawal will be 75% of the No	2			

Note: No claim refund in the event of voluntary withdrawal will be 75% of the 'No claim refund' payable on death.