

पॉलिसी अनुसूची/ Policy Schedule- Group Mediclaim Tailor

पॉलिसी नंबर/ Policy Number:  
571600502310001683

व्यवसाय स्रोत/Business Source: 571600

विक्रय चैनल विवरण/Sales Channel Details:  
विक्रय चैनल कोड /Sales Channel Code: 571600

नाम /Name: Palarivattom Division संपर्क

संख्या/Contact Number:

सह दलाल कोड / Co Broker Code:

जारीकर्ता कार्यालय/Issuing Office

कार्यालय कोड /Office Code: 571600

कार्यालय पता /Office Address:

PALARIVATTOM DIVISION Mydhily  
Mandiram, Janata Junction, Palarivattom,  
Kochi, Dist: Ernakulam, Kerala, - 682025.

राज्य कोड/State Code: 32, Kerala

जीएसटीआईन/GSTIN: 32AAACN9967E1ZC

संपर्क संख्या/Contact Number:

मोबाइल नंबर/Mobile Number: 0

कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free  
Number: 1800 345 0330

ईमेल/email: customer.support@nic.co.in



NATIONAL INSURANCE COMPANY LTD.  
DIVISIONAL OFFICE  
MYDHILY MANDIRAM, JANATHA JN.  
PALARIVATTOM, COCHIN-682 025  
PH: 2339565, 2335190, FAX: 2339566

ग्राहक का नाम /Customer Name: HLL LIFECARE LIMITED

ग्राहक आईडी /Customer ID:  
9702288542

पैन /PAN: AAACH5598K

पता/ Address: (A GOVERNMENT OF INDIA UNDERTAKING),  
HLL BHAVAN - CORPORATE  
HEAD OFFICE,  
POOJAPPURA - PO |  
THIRUVANANTHAPURAM -  
695012,

आधार /AADHAR:

फोन /Phone: 9895934437

KERALA, INDIA, शहर/City: THIRUVANANTHAPURAM, जिला/District:  
THIRUVANANTHAPURAM, राज्य/State: KERALA, पिन/PIN: 695012.  
सेल/Cell: 9895934437

ई-मेल /E-Mail: thomaspa@lifecarehll.com

पॉलिसी प्रभावी होने का समय घंटे को Policy Effective from 00:00 hours, on 01/07/2023 की मध्य रात्रि तक प्रभावी/to midnight of  
30/06/2024

प्रिमियम/ Premium	र	कवर नोट संख्या और तिथि / Cover Note Number and Date	लागू नहीं /NA
Less: Digital Discount Total Premium			
सीजीएसटी/CGST			
एसजीएसटी/यूटीजीएसटी / SGST/UTGST		प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800230713799148 दिनांक/Dt. 13/07/2023
आईजीएसटी/IGST			
कम: जीएसटी टीडीएस / Less: GST_TDS			
वसूली योग्य योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty		रसीद संख्या और तिथि/ Receipt Number and Date	571600812310005146 दिनांक/Dt. 30/06/2023
कुल राशि /Total Amount		पिछली पॉलिसी संख्या और समाप्ति तिथि Previous Policy Number and Expiry Date	571600502210001559 दिनांक/Dt. 30/06/2023
सरकार का सब्सिडी GOVERNMENTAL Subsidy:	र 0.00		

#### Member Details

Provisional member basis: Yes

Sum Insured basis: family floater

Family size: self+5

Basis of Premium: Per family basis

#### Summary of Insured Persons (Detailed list of insured person as per annexure)

Sum Insured (INR) (Floater Sum Insured per family)	Total No. of Primary Members	Total No. of Dependent Members	Total Insured Member Count
250000	2246	6601	8847
400000	40	100	140
700000	1	2	3

#### Risks Covered:

STANDARD GROUP MEDICLAIM (Tailor-made)(with following add-on covers, waivers and sub-limits)

नैशनल इन्श्योरेंस कम्पनि लिमिटेड

National Insurance Company Limited

CIN : U10200WB1906GO1001713

IRDA Regn. No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071

Registered & Head Office : 3 Middleton Street, Kolkata 700 071

P.No : 033 - 22831705 - 06, Fax : 033-22831740

email : customer.support@nic.co.in

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Add-on Cover Name

Sum Insured

Description

Others

Dog Bite Treatment

Eye Treatment

Medical Expenses (including Pre and Post Hospitalisation Expenses) incurred for expenses related to the treatment for correction of eyesight due to refractive error equal to or more than 7.5 dioptries  
Ambulance charges upto 1% of sum insured

Others

The medical (including Pre and Post Hospital Hospitalization Expenses) related to Mental Illness, provided the treatment shall be undertaken at a hospital with a specific department for Mental Illness, under a Medical Practitioner qualified as Psychiatrist shall be covered. Any kind of Psychological behavior, cognitive/family/group/behavior/ palliative therapy or psychotherapy shall not be covered

Others

Medical Expenses (excluding Pre and Post Hospitalisation Expenses) incurred for organ donor's treatment during the course of organ transplant to any Insured Person is to be covered

Others

New born baby cover-(i) From day one of birth. b) Critical illness cover to be extended to the new born baby suffering from the above listed critical illnesses

Others

Forms of treatment other than Allopathy or modern medicines and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context are to be covered upto the Sum Insured provided such treatments are undergone in AYUSH Hospitals

Others

Excluded, except medical expenses incurred towards dental treatment, necessitated due to an accident/injury/illness requiring Hospitalization as Inpatient treatment  
a) Dependent parents - Father and mother whose income from all sources put together shall not exceed the financial limit prescribed by the Government of India from time to time, which at present is Rs.9000/- per month plus the amount of Dearness Relief admissible on Rs.9000/-

Dental Treatment



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Out-patient cover

Others

20000000

Others

b) Dependent spouse - If spouse is employed, medical benefits are to be availed from their respective organization and in the absence of such facility in the respective organization, the concerned employee and spouse have to give joint declaration to the effect that no such facility is available from the spouse's organization, in order to avail HLL medical scheme.

c) Dependent children i) Son Till he starts earning or attain the age of 25 years whichever is earlier except in the case of mentally retarded son. ii) Daughter Till she starts earning or gets married whichever is earlier except in the case of widowed daughters. d) Dependent Siblings (i) Unmarried or Widowed sisters (ii) Mentally retarded sibling.

Excluded

Corporate Buffer of maximum Rs 2.5 lac per family, for 42 listed Critical Illness as per 'Remarks'. Corporate Buffer shall not be applicable for employees of Co-Operative Society and Hindustan Latex Employees Welfare Society.

In the event of claims for critical illness, the sum insured in the critical illness cover (corporate buffer) shall be utilized first for the critical illness medical expenses and any additional expenses for the medical treatment over and above the critical illness cover shall be met from the normal medical illness cover of Rs.2.5 Lakhs.

Sub-Limit Description

Limit

Description

Room Charges-Normal

Upto 1.5% of Sum Insured per day

Room Charges-ICU

Upto 2.5% of Sum Insured per day for ICU

Maternity-Normal

50000

Upto Rs.50,000/- for Normal delivery (upto 2 living children during the lifetime of the Insured Person)

Maternity-Caesarean

75000

Upto Rs.75,000/- for C-section (upto 2 living children during the lifetime of the Insured Person)

Cataract

Covered up to 20% of Sum Insured or Rs. 75,000, whichever is less, for each eye

Others

5000

Infertility - limited to Rs.5,000/- for 10 cases in Policy period

Waiver Detail

Remarks

Waiver of 9 month waiting period

9 Months waiting period for Maternity stands waived

4.3 Waiver of specific diseases

Restriction as per the clause stands waived

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Babycover within Maternity Limit

Treatment of new born baby shall be within the maternity expenses benefit limit, till the mother is discharged after delivery. New Born Baby shall be automatically covered under the available Maternity Benefit limit from birth upto 3 months.

Waiver of 2.1.2.2.2.3

Room Eligibility: A/C private room for employees in the grade of DGM & above. A/C rooms eligible for all employees in case of non availability of non A/C rooms

#### 4.1 Waiver of pre-existing diseases

Pre existing Disease stands waived

#### 4.2 Waiver of 30 days waiting period

30 days waiting Period stands waived

Corporate Buffer : Yes

Corporate Buffer Sum Insured :20000000

**Excess and/or Co-Pay Conditions:**

Co-Payment is applicable for :

### Special Conditions and Warranties

NA

CLAIMS SERVICED BY TPA : VIDAL HEALTH TPA PVT LTD, VIDAL HEALTH TPA PVT LTD - KOCHI, Door NO 40 3232,Second Floor, S.L

Plaza, Palarivattom, Ernakulam 682025 - 682025 Contact No : 484 - 2359269 Fax : 484 - 2359269 Email : [Nationalfeereceipts@vidalhealthtpa.com](mailto:Nationalfeereceipts@vidalhealthtpa.com).

**परिभाषा/ Remarks:** TGMP family floater covering employee plus 5 family members (1+5). Family shall mean Employee, Spouse, Dependent Children and Dependant Parents, Dependent/mentally retarded Siblings and Unmarried or Widowed sisters. Parents-in-law shall be covered only if the spouse is also a current employee.

List of Illness covered under Corporate Buffer:

1. Cancer
2. Heart Attack and Serious Heart Ailments
3. Stroke with Permanent Neurological Deficit
4. Coronary Artery By-pass Surgery
5. Kidney Failure and Serious Kidney Disease, Kidney Transplantation and Nephritis of any etiology plus bacterial renal failure requiring kidney transplantation/dialysis
6. Cerebral Hemorrhage
7. Irreversible Aplastic Anemia
8. End stage Lung Disease
9. Liver Failure and Cirrhosis
10. Liver Transplantation
11. Heart Valve Surgery and Major Cardiac Surgery
12. Major Burns
13. Major Organ/Born Marrow Transplantation
14. Multiple Sclerosis
15. Fulminant Hepatitis
16. Motor Neurone Disease
17. Primary Pulmonary Hypertension
18. HIV Due to Blood Transfusion and Occupationally Acquired HIV
19. Severe Encephalitis
20. Severe Bacterial Meningitis
21. Blindness(Irreversible Loss of Sight)
22. Severe Glaucoma
23. Major Head Trauma
24. Paralysis(Irreversible Loss of use of Limbs)
25. Persistent Vegetative State(Apallic Syndrome)/Coma
26. Necrotising Fasciitis
27. Severe Myasthenia Gravis
28. Infective Endocarditis
29. Tuberculosis Meningitis
30. Severe Pulmonary Fibrosis
31. Severe Cardiomyopathy
32. Acquired Brain Damage



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33. Brain Surgery
34. Medically Acquired HIV Infection
35. Occupationally Acquired Hepatitis B or C
36. Resection of the whole small intestine (duodenum, jejunum and ileum)
37. Severe Bronchiectasis
38. Intra cranial injury
39. Spinal Injury resulting in paraplegia
40. Total Replacement of Joints
41. Compound/ Multiple Fracture of femur
42. Any other life threatening illnesses requiring long term hospitalization or terminal illness expected to result in death, certified by the treating Doctor.

Maternity Expenses means Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation

Migration is allowed from the policy

ID cards shall be provided to all the insured employees and dependents within 10 days

Claims to be intimated to the Company or TPA through any of the recognized modes of communication within 7 days. Reimbursement claim submission timeline will be 45 days from the date of discharge with condition of waiver incase of intimation

AYUSH treatment refers to healthcare treatment procedures and interventions (and not for rejuvenation purpose) carried out by a registered

AYUSH medical practitioner in a licensed hospital

AYUSH Hospital:- Healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- a. Central or State Government AYUSH Hospital or
- b. Teaching hospital attached to AYUSH College recognized by the Central Government/ Central Council of Indian Medicine/ Central Council for Homeopathy; or
- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
  - i. Having at least 5 in-patient beds;
  - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
  - iii. Having dedicated AYUSH therapy sections as required;
  - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative

All other Terms, Conditions as per National Group Mediclaim

Exclusion 1.2.5 (Modern Treatments), 1.2.6 (Adventurous Sport), 1.3.1.3 (HIV/AIDS)

जिसकी गवाही में दिन/ माह /वर्ष को उपरोक्त उल्लिखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवत अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाइट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रूप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लिखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक की अस्वीकृति के मामले में, यह दस्तावेज स्वतः आरंभ से ही निरस्त मानी जाएगी। /IN

WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 13/July/2023. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'

नेशनल इन्श्योरेंस कम्पनि लिमिटेड

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ईमेल/email:customer.support@nic.co.in

इंश्योरेंसईडियालिमिटेड ओम्बड्समैन का विवरण/Ombudsman Details: Office of the Insurance  
Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road,  
Ernakulam - 682 015.  
Tel.: 0484 - 2358759 / 2359338  
Email: bimalokpal.ernakulam@coins.co.in

स्टॉप ड्यूटी

Stamp

Duty:

(₹ 0.50)

NATIONAL INSURANCE COMPANY LTD.  
DIVISIONAL OFFICE  
MYDHILY MANDIRAM, JANATHA JN.  
PALARIVATTOM, COCHIN-682 025  
PH: 2339565, 2335190, FAX: 2339564

कृते नेशनल इंश्योरेंस कंपनी लिमिटेड/

For and on behalf of National  
Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

Installment schedule :

Record Selection	Installment #	Due Date	Installment Amount	Remarks
NA	NA	NA	NA	NA

As per GO(P) No. 15/2018/TD  
dt.14/02/2018 and GOs issued  
subsequent on remittance of  
equisite stamp duty.



नेशनल इंश्योरेंस कंपनी लिमिटेड

National Insurance Company Limited

CIN : U10200WB1906GO1001713

IRDA Regn. No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071

Registered & Head Office : 3 Middleton Street, Kolkata 700 071

P.No : 033 - 22831705 - 06, Fax : 033-22831740

email : customer.support@nic.co.in

For any information please contact the Policy Issuing Office or Visit our website at <https://nationalinsurance.nic.co.in/>

## टैक्स इनवॉयस/TAX INVOICE



इनवॉयस क्र./Invoice Serial No: 30961H3PE0001683

इनवॉयस तिथि Invoice Date: 13/07/2023

## आपूर्तिकर्ता का विवरण/Details of Supplier:

नेशनल इन्श्योरेंस कंपनी लिमिटेड/National Insurance Company Limited,  
PALARIVATTOM DIVISION Mydhily Mandiram, Janata Junction, Palarivattom, Kochi,,Dist: Ernakulam, Kerala, - 682025  
राज्य/State : 32 , Kerala  
जीएसटीआर नंबर/  
GSTIN No : 32AAACN9967E1ZC

## प्राप्तकर्ता का विवरण/Details Of Receiver : HLL LIFECARE LIMITED

(A GOVERNMENT OF INDIA UNDERTAKING),  
HLL BHAVAN - CORPORATE  
HEAD OFFICE,  
पता/Address : POOJAPPURA - PO |  
THIRUVANANTHAPURAM -  
695012,  
KERALA, INDIA  
शहर/City : THIRUVANANTHAPURAM,  
जिला/District: THIRUVANANTHAPURAM,  
राज्य/State: KERALA,  
पिन/PIN: 695012.

आपूर्ति का स्थान/Place Of  
Supply State : Kerala  
राज्य कोड/State Code : 32  
जीएसटीआर नंबर/GSTIN No : 32AAACH5598K7Z4

टैक्स योग्य/

सीजीएसटी की राशि/

एसजीएसटी/यूटीजीएसटी

आईजीएम/IGST

Kerala  
Eled

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/

For and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory



नेशनल इन्श्योरेंस कम्पनि लिमिटेड  
National Insurance Company Limited  
CIN : U10200WB1906GO1001713  
IRDA Regn. No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकत्ता 700 071  
Registered & Head Office : 3 Middleton Street, Kolkatta 700 071  
P.No : 033 - 22831705 - 06, Fax : 033-22831740  
email : customer.support@nic.co.in

For any information please contact the Policy Issuing Office or Visit our website at <https://nationalinsurance.nic.co.in/>



पृष्ठांकन /Endorsement- Group Mediclaim Tailor	
<b>Policy Number : 571600502310001683</b>	<b>जारीकर्ता कार्यालय/Issuing Office</b>
व्यवसाय स्रोत/ Business Source : 571600	कार्यालय कोड /Office Code : 571600 कार्यालय पता / Office Address : PALARIVATTOM DIVISION Mydhily Mandiram, Janata Junction, Palarivattom, Kochi,,Dist: Ernakulam, Kerala, - 682025. State Code: 32 , Kerala GSTIN: 32AAACN9967E1ZC eMail:
विक्रय चैनल का नाम/ Sales Channel Name : Palarivattom Division	विक्रय चैनल संपर्क नम्बर/ Sales Channel Contact Number : सह दलाल कोड / Co Broker Code: कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number: 1800 345 0330 ईमेल/email:customer.support@nic.co.in

ग्राहक का नाम/Customer Name: HLL LIFECARE LIMITED	ग्राहक आईडी/ Customer ID: 9702288542	पैन/ PAN: AAACH5598K
पता/ Address: (A GOVERNMENT OF INDIA UNDERTAKING), HLL BHAVAN - CORPORATE HEAD OFFICE, POOJAPPURA - PO   THIRUVANANTHAPURAM - 695012, KERALA, INDIA, City: THIRUVANANTHAPURAM, District: THIRUVANANTHAPURAM, State: KERALA, PIN: 695012. Mobile: 9895934437		फोन/ Phone:  ई-मेल/ E-Mail: thomaspa@lifecarehll.com

<b>Policy Effective from 00:00 hours, on 01/07/2023 to midnight of 30/06/2024</b>	
Premium:	Total SI:
CGST	
SGST/UTGST	
IGST	
Kerala Flood Cess	
Less:GST_TDS	
Recoverable Stamp Duty:	
<b>Total Amount:</b>	
	Proposal Number and Date: 8800230713799148 Dt. 13/07/2023
	Receipt Number: 571600812310005146
	Receipt Date: 30/06/2023
	Co-Insurance Details: N/A

<b>Endorsement Effective from 00:05 hours, on 01/07/2023 to midnight of 30/06/2024</b>	
Additional Premium:	Insured's Request Date: 27/07/2023
CGST	
SGST/UTGST	
IGST	
Kerala Flood Cess	
Less:GST_TDS	
Recoverable Stamp Duty:	
<b>Total Amount :</b>	
(Rupees Zero Only.)	Endorsement Number: 571600502382100052
	Endorsement Issue Date: 03/08/2023
	Receipt Number: N/A
	Receipt Date: N/A

**General / Common Information change**

It is hereby declared and agreed that under the within mentioned policy, the description of the add-on cover 'others' to be read as 'Sterilization and Infertility Treatment- Limited to Rs 5000/- for 10 cases in a policy period.

All other terms, conditions and warranties remain unaltered.

**IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'**

For and On Behalf Of National Insurance Company Limited
Authorized Signatory