

पॉलिसी अनुसूची/ Policy Schedule- Group Mediclaim Tailor

पॉलिसी नंबर/ Policy Number:
571600502210001559

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

व्यवसाय स्रोत/Business Source: 910016

विक्रय चैनल विवरण/Sales Channel Details:
विक्रय चैनल कोड /Sales Channel Code:
91001600000001
नाम /Name: LMB Insurance Brokers Pvt Ltd
- HO संपर्क संख्या/Contact Number:
7412314301
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



NATIONAL INSURANCE COMPANY LTD
DIVISIONAL OFFICE
MYDMILY MANDIRAM, JANATHA JN.,
PALARIVATTOM, COCHIN-682025
PH: 2339565, 2335190, FAX: 2339564

ग्राहक का नाम /Customer Name: THE MANAGING DIRECTOR HLL
LIFECARE LIMITED
पता/ Address: (A GOVERNMENT OF INDIA UNDERTAKING),
LATEX BHAVAN, POJAPPURA, THIRUVANANTHAPURAM
DIST. : THIRUVANANTHAPURAM, KERALA, शहर/City:
THIRUVANANTHAPURAM, जिला/District:
THIRUVANANTHAPURAM, राज्य/State: KERALA, पिन/PIN: 695012.
सेल/Cell: 9999999999

ग्राहक आईडी /Customer ID:
9700910239
आधार /AADHAR:
फोन /Phone: 9999999999
ई-मेल /E-Mail:

पैन /PAN: AFAPT7865D

पॉलिसी प्रभावी होने का समय घंटे को Policy Effective from 00:00 hours, on 01/07/2022 की मध्य रात्रि तक प्रभावी/to midnight of
30/06/2023

प्रीमियम/ Premium	कवर नोट संख्या और तिथि / Cover Note Number and Date	लागू नहीं /NA
Less:Digital Discount Total Premium		
सीजीएसटी/CGST		
एसजीएसटी/यूटीजीएसटी / SGST/UTGST		
आईजीएसटी/IGST		
केरला बाढ़ उपकर/Kerala Flood Cess		
कम:जीएसटी टीडीएस / Less:GST_TDS		
वसूली योग्य योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	रसीद संख्या और तिथि/ Receipt Number and Date	571600812210006021 दिनांक/Dt. 01/07/2022
कुल राशि /Total Amount	पिछली पॉलिसी संख्या और समाप्ति तिथि Previous Policy Number and Expiry Date	लागू नहीं /NA
*सरकारी सन्विडी Government Subsidy: ₹ 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	2187	6162	8349
400000	39	90	129
700000	1	2	3

Risks Covered:

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

Add-on Cover Name

Sum Insured

Description

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

पंजीकृत एवं प्रधान कार्यालय : मिडिल्टन 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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571600502210001559

व्यवसाय स्रोत/Business Source: 910016

जारीकर्ता कार्यालय/**Issuing Office**

कार्यालय कोड /Office Code: 571600

कार्यालय पता /Office Address:

PALARIVATTOM DIVISION Mydhily
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राज्य कोड/State Code: 32, Kerala

जीएसटीआइन/GSTIN: 32AAACN9967E1ZC

संपर्क संख्या/Contact Number:

मोबाइल नंबर/Mobile Number: 0

विक्रय चैनल विवरण/**Sales Channel Details:**

विक्रय चैनल कोड /Sales Channel Code:
910016000000001

नाम /Name: LMB Insurance Brokers Pvt Ltd

- HO संपर्क संख्या/Contact Number:

7412314301

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

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Others

15000000

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

Sub-Limit Description	Limit	Description
Maternity-Normal	35000	upto 2 living children
Maternity-Caesarean	50000	upto 2 living children
Room Charges-Normal		1% of Sum Insured
Room Charges-ICU		2% of Sum Insured
Others	5000	Infertility - limited to 10 cases per policy period

Waiver Detail	Remarks
Babycover within Maternity Limit	Treatment of new born baby shall be within the maternity expenses benefit limit of the mother till the mother is discharged after delivery
Waiver of 2.1,2.2,2.3	Room charges payable shall be for non-AC rooms except in case of ICU & non-availability of non-AC rooms
4.1 Waiver of pre-existing diseases	Restriction as per the clause stands waived
4.2 Waiver of 30 days waiting period	Restriction as per the clause stands waived
4.3 Waiver of specific diseases	Restriction as per the clause stands waived
Waiver of 9 month waiting period	Restriction as per the clause stands waived subject to sublimits under the policy

Corporate Buffer : Yes

Corporate Buffer Sum Insured :15000000

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.

Remarks: TGMP family floater covering employee plus 5 family members (1+5). Family shall mean Employee, Spouse, Dependent
Children and Dependant Parents. Parents-in-law shall be covered only if the spouse is also a current employee

List of Illness covered under Corporate Buffer:

- Nephritis of any etiology plus bacterial renal failure requiring kidney transplantation/ dialysis
- Cerebral or vascular strokes
- Open and closed Heart Surgery
- Malignant diseases confirmed by histopathological reports
- Viral Encephalitis
- Brain Surgery
- Total Replacement of Joints
- Liver Cirrhosis associated with Hepatitis B/C
- Compound / Multiple Fracture of femur
- Intra Cranial injury
- Coma
- Spinal Injury resulting in paraplegia
- Cerebral hemorrhage



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जीएसटीआइन/GSTIN: 32AAACN9967E1ZC

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विक्रय चैनल विवरण/Sales Channel Details:

विक्रय चैनल कोड /Sales Channel Code:

91001600000001

नाम /Name: LMB Insurance Brokers Pvt Ltd

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PH: 2339565, 2335190, FAX: 2339564

xiv. Third Degree Burn

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

All other Terms, Conditions as per National Group Mediclaim

Policy except policy clause 1.2.5 (Modern Treatments), 1.2.6 (Adventurous Sport), 1.3.1.3 (HIV/AIDS Cover) & 1.3.1.4 (Mental Illness Cover)

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 01/July/2022. 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'

इंश्योरेंसइंडियालिमिटेड ओम्बुड्समैन 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@cioins.co.in

स्टाम्प ड्यूटी
Stamp
Duty:
(₹ 0.50)

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/
For and on behalf of National
Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

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

Installment schedule :

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



नेशनल इन्श्योरेंस कम्पनी लिमिटेड
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P.No : 033 - 22831705 - 06, Fax : 033-22831740
email : customer.support@nic.co.in

इनवॉयस क्र./Invoice Serial No: 30961H2P00001559

इनवॉयस तिथि/Invoice Date: 01/07/2022

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
 जीएसटीआइन नंबर/
 GSTIN No : 32AAACN9967E1ZC

प्राप्तकर्ता का विवरण/Details Of Receiver : THE MANAGING DIRECTOR HLL LIFECARE LIMITED

पता/Address : (A GOVERNMENT OF INDIA UNDERTAKING), LATEX BHAVAN, POOJAPPURA, THIRUVANANTHAPURAM DIST. : THIRUVANANTHAPURAM,
 KERALA
 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
 जीएसटीआइन नंबर/GSTIN No : 32AAACH5598K7Z4

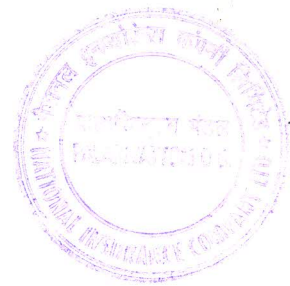
रवस चाज क अधीन टैक्स की राशि/ Amount of Tax Subject to Reverse Charge : No

E.&O.E

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/

For and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory



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