Tender No:. 2025-26/ADMIN/2B/LNM-Insurance-Emp

The LNM Institute of Information Technology, Jaipur

TENDER NOTICE

The LNM Institute of Information Technology, Jaipur is a Deemed-to-be-University, set up as a Non-Profit Making institute engaged in imparting higher learning in Engineering, Technology and Science. We are located at Gram-Rupa Ki Nangal, Post-Sumel, Via-Jamdoli, Jaipur, Pin 302031 Rajasthan, under the joint venture of the Government of Rajasthan and Lakshmi & Usha Mittal Foundation.

The institute invites proposals from competent vendors for "**LNMIIT employees Group Medical Insurance Policy**". Bidders can submit their sealed offers/s at the following address by Email/Speed-Post/ Registered Post/ By-hand/courier before 05:00 PM on **25.02.2026 (Last date of bid receiving).**

Filing of Tender:

Option 1: Physical submission of offers (hard copy) in sealed envelopes.
Bids shall be addressed to the undersigned and deposited in the tender box available at the main gate of the institute in person/ Speed-Post/ Registered Post/ By-hand/courier of the Institute after marking due entries in the Receipt Book available with the Security Officer at the main gate.

The tender subject and reference number must be mentioned on the envelope.

Director
The LNM Institute of Information Technology,
Gram – Rupa Ki Nangal, Post – Sumel,
Via – Jamdoli, Jaipur- 302031

Option 2: Password-protected online submission via Email
Password-protected offers can be submitted by the bidders via email at the below-mentioned email IDs.

tender-document@lnmiit.ac.in (password-protected document)
tender-password@lnmiit.ac.in (password only)

The tender subject and reference number must be mentioned in the subject line of the emails.

Bid Process:
Technical & Commercial details on the company's letterhead, duly signed and sealed by the authorized signatory, are required to be submitted in two separate envelopes/emails.

Envelopes/Emails should be duly marked as follows:

1. **Technical bid for the "LNMIIT employees Group Medical Insurance Policy". (Item Name) (Technical bid must be without password protected)**
2. **Commercial Bid for the "LNMIIT employees Group Medical Insurance Policy". (Item Name) (Commercial bid must be password protected)**

Both Envelopes/files should be enclosed/attached in a single envelope/email bearing the heading "**Bid for the "LNMIIT employees Group Medical Insurance Policy") (Item Name) (Tender No. : 2025-26/ADMIN/2B/LNM-Insurance-Emp".**

Note: The bidders/vendors are requested to go through the tender document carefully and ensure compliance with all specifications/instructions in this tender

Bids are liable to be rejected:

- If the above-mentioned bid submission procedure is not followed.
- Incomplete and non-conforming bids.
- Arbitration: All disputes and differences arising between the two parties in connection with this order shall be mutually settled as far as possible, failing which, all such disputes shall be referred to arbitration and settlement under the provision of the Arbitration and Conciliation Act, 1996 and as amended from time to time or any such law for the time being prevailing in India. The venue of such arbitration shall be Jaipur.

Technical Bid: *(in a separate sealed envelope/via email)*

Bid for the LNMIIT employees Group Medical Insurance Policy

(Tender No. : 2025-26/ADMIN/2B/LNM-Insurance-Emp)

Bidder is required to furnish the requisite details as per the below mentioned table format and proof of such documents to be uploaded along with the bid under respective title/ headings as mentioned at column no 'C' accordingly.

S.No.	Title/ Heading Details sought by buyer	Details/ Certificate No. (Attached Y/N)
A	B	C
1.	Bidder Firm Name & Registration No,	
2.	Bidder's Company profile or brief note	
3.	PAN Card No,.	
4.	GST Number	
5.	List of Directors/ Partners/Proprietor/ Members of the Bidder's Firm	
6.	Detail of other associated/sister concerns (if any) of Directors/Partners/ Proprietor/ Members	
7.	Bidder Turnover - Average annual turnover for last three years	
8.	The Client List with some purchase orders and satisfactory certificate (to whom the vendor has delivered the goods/provided the services in the past (Three (03) purchase orders/work orders, at least one from each of the last three years, including the previous year.)	
9.	If the bidder is authorized by the OEM/Manufacturer. Proof of the same is to be submitted with the Technical Bid	
10.	An undertaking (self-certificate) that the agency has not been blacklisted by a Central/State/UT Government Institutions and there has been no litigation with any government department/institution on account of any services/supplies.	
11.	Scanned copy of EMD/ Tender Fees paid through RTGS/NEFT (**if required/asked in the tende**r)	
12	Xerox copies of MoUs with previous colleges (minimum three) must be attached. **(Applicable for student fest only).**	

Group Insurance Policy for all regular employees of around 189 families comprising around total 572 members of different age groups.

The main feature of the policy are follows:

i. All present and future regular employees include Self, Spouse and maximum 2 children up to the age of 21 years.
ii. Period: started from March 28, 2025, to March 27, 2026 (one year).
iii. Sum Assured: Medical Insurance Cover for maximum Rs. 3,00,000/- each family under floater plan during the policy period.
iv. Room charges: covering with room rent/bed charges max. of Rs. 5,000/- per day and max. Rs. 9,000/- per day in case of admission in ICU per day. Ambulance charges Rs. 1,500/- as maximum will be payable.
v. Maternity expenses: normal and caesarian maximum Rs. 50,000/- in metro cities and maximum Rs. 40,000/- for other than metro cities will be payable for first 2 children (waiting period of 9 months will be applied) and newborn baby will be covered after 90 days from date of birth on formal information from Institute and payment of the premium.
vi. Pre-hospitalization (30 days) and post hospitalization (60 days) will be covered.
vii. Exclusion, Special Conditions etc. as per IRDA rules.
viii. Preexisting disease should also be covered under the policy.
ix. The Insurance Company will issue an individual insurance card.
x. List of Cashless hospital bill payment all over India shall be provided with an insurance card.
xi. Also suggest best premium for dependent parents of the employees as per age group separately (not part of this policy), so if any employee is interested, he/she can pay the agreed premium for their parents separately.
xii. Corporate buffer of 40 lacs payable up to Family Sum Insured.

<u>Scope of work</u>

- The scope of work will cover the medical insurance of LNMIIT Employees of at LNMIIT Jaipur campus.
- The Vendor is required to submit the complete documentation of the supplied item after delivery.

Present Policy : United India Insurance Company

LIST OF CANCEIDATES WITH DOB AND AGE:

RELATIONSHIP	GENDER	DATE OF BIRTH	MEMBER FAMILY ID
Self	Female	02/05/1966	1
Spouse	Male	24/08/1975	2
Self	Male	07/10/1967	1
Spouse	Female	15/11/1972	2
Daughter	Female	28/05/2021	3
Self	Male	28/07/1975	1
Spouse	Female	22/10/1981	2
Son	Male	25/11/2009	3
Daughter	Female	04/06/2012	4
Self	Male	15/01/1980	1
Spouse	Female	22/11/1984	2
Daughter	Female	01/01/2009	3
Daughter	Female	09/12/2016	4
Self	Male	29/07/1979	1
Spouse	Female	08/11/1978	2
Son	Male	16/02/2018	3
Self	Male	02/01/1982	1
Spouse	Female	01/01/1989	2
Daughter	Female	26/07/2008	3
Son	Male	28/06/2012	4
Self	Male	29/05/1969	1
Spouse	Female	30/12/1972	2
Daughter	Female	28/12/2004	3
Self	Male	07/01/1981	1
Spouse	Female	01/01/1980	2
Son	Male	26/05/2002	3
Self	Male	20/07/1976	1
Spouse	Female	25/06/1984	2
Daughter	Female	12/12/2008	3
Daughter	Female	06/12/2005	4
Self	Male	11/04/1976	1
Spouse	Female	25/06/1986	2
Son	Male	24/03/2015	3
Self	Male	20/10/1976	1
Spouse	Female	15/10/1980	2
Son	Male	20/03/2009	3
Self	Female	16/06/1978	1
Son	Male	22/08/2007	2
Spouse	Male	18/06/1978	3

RELATIONSHIP	GENDER	DATE OF BIRTH	MEMBER FAMILY ID
Self	Male	22/02/1983	1
Spouse	Female	23/02/1984	2
Son	Male	07/10/2015	3
Self	Male	01/04/1979	1
Spouse	Female	22/07/1982	2
Self	Male	25/12/1976	1
Spouse	Female	15/10/1980	2
Daughter	Female	02/11/2006	3
Daughter	Female	29/12/2008	4
Self	Male	09/02/1972	1
Spouse	Female	13/03/1978	2
Son	Male	13/01/2012	3
Self	Male	26/06/1980	1
Spouse	Female	12/07/1987	2
Daughter	Female	31/12/2014	3
Self	Male	11/05/1972	1
Spouse	Female	15/12/1977	2
Son	Male	03/03/2006	3
Son	Male	18/12/2014	4
Self	Male	04/07/1967	1
Spouse	Female	16/08/1968	2
Son	Male	10/07/1997	3
Self	Male	23/11/1985	1
Spouse	Female	05/06/1986	2
Self	Male	09/08/1974	1
Spouse	Female	25/06/1977	2
Daughter	Female	31/12/2012	3
Son	Male	10/04/2016	4
Self	Male	17/02/1974	1
Spouse	Female	15/08/1984	2
Daughter	Female	24/12/2015	3
Son	Male	06/09/2017	4
Self	Male	26/03/1980	1
Son	Male	04/08/2012	3
Self	Male	03/11/1987	1
Spouse	Female	14/05/1990	2
Daughter	Female	10/11/2015	3
Son	Male	21/08/2023	4
Self	Female	05/01/1974	1
Spouse	Male	14/11/1964	2
Son	Male	19/11/2004	3
Self	Female	11/02/1980	1
Self	Male	06/10/1982	1

RELATIONSHIP	GENDER	DATE OF BIRTH	MEMBER FAMILY ID
Spouse	Female	13/10/1986	2
Daughter	Female	15/05/2007	3
Son	Male	10/08/2009	4
Self	Male	13/11/1983	1
Spouse	Female	01/01/1989	2
Daughter	Female	26/07/2009	3
Son	Male	08/04/2011	4
Self	Male	19/08/1988	1
Daughter	Female	16/10/2014	3
Son	Male	08/01/2021	4
Self	Male	30/08/1987	1
Self	Female	05/12/1975	1
Spouse	Male	26/04/1966	2
Son	Male	05/04/2006	3
Daughter	Female	07/12/2004	4
Self	Male	03/04/1978	1
Spouse	Female	23/08/1982	2
Son	Male	29/03/2010	3
Self	Male	22/03/1980	1
Son	Male	05/02/2014	3
Self	Male	29/01/1982	1
Spouse	Female	07/01/1988	2
Son	Male	24/06/2010	3
Daughter	Female	03/11/2013	4
Self	Female	10/10/1987	1
Spouse	Male	07/02/1986	2
Son	Male	25/04/2008	3
Daughter	Female	24/06/2006	4
Self	Male	26/10/1972	1
Spouse	Female	26/08/1976	2
Son	Male	03/09/2015	3
Son	Male	03/09/2015	4
Self	Male	30/09/1984	1
Spouse	Female	15/07/1990	2
Daughter	Female	24/05/2018	3
Self	Female	04/08/1968	1
Spouse	Male	17/05/1965	2
Self	Female	19/09/1973	1
Spouse	Male	20/08/1968	2
Son	Male	01/01/2003	3
Self	Male	05/01/1978	1
Spouse	Female	01/01/1981	2
Daughter	Female	30/12/2006	3

RELATIONSHIP	GENDER	DATE OF BIRTH	MEMBER FAMILY ID
Son	Male	06/06/2008	4
Self	Male	07/11/1985	1
Spouse	Female	16/10/1986	2
Daughter	Female	25/06/2022	3
Self	Male	05/01/1976	1
Spouse	Female	01/01/1980	2
Son	Male	08/08/2001	3
Daughter	Female	03/07/2002	4
Self	Male	14/07/1980	1
Spouse	Female	28/09/1981	2
Daughter	Female	21/01/2005	3
Son	Male	20/10/2006	4
Self	Male	05/10/1982	1
Spouse	Female	01/01/1985	2
Son	Male	24/05/2008	3
Daughter	Female	02/06/2010	4
Self	Female	25/07/1988	1
Spouse	Female	10/01/1991	2
Daughter	Male	21/07/2008	3
Daughter	Female	01/12/2011	4
Self	Male	12/10/1975	1
Spouse	Female	26/01/1974	2
Daughter	Female	27/05/2001	3
Son	Male	23/01/2008	4
Self	Male	14/04/1971	1
Spouse	Female	06/08/1975	2
Self	Male	30/06/1979	1
Spouse	Female	01/01/1983	2
Son	Male	20/04/2010	3
Daughter	Female	07/11/2012	4
Self	Male	14/07/1979	1
Spouse	Female	09/12/1982	2
Daughter	Female	13/02/2023	3
Self	Male	07/02/1978	1
Spouse	Female	07/02/1980	2
Son	Male	01/05/2004	3
Daughter	Female	07/07/2006	4
Self	Male	03/02/1987	1
Spouse	Female	01/01/1990	2
Daughter	Female	06/06/2016	3
Son	Male	18/08/2017	4
Self	Male	23/01/1979	1
Spouse	Female	07/03/1982	2

RELATIONSHIP	GENDER	DATE OF BIRTH	MEMBER FAMILY ID
Daughter	Female	20/01/2007	3
Daughter	Female	02/01/2013	4
Self	Male	30/06/1975	1
Spouse	Female	26/12/1979	2
Son	Male	06/10/2009	3
Son	Male	02/06/2014	4
Self	Male	14/08/1992	1
Spouse	Female	03/06/1992	2
Self	Male	26/06/1978	1
Spouse	Female	08/12/1987	2
Son	Male	09/04/2014	3
Self	Male	01/01/1984	1
Spouse	Female	20/05/1990	2
Daughter	Female	18/04/2013	3
Son	Male	26/05/2015	4
Self	Female	21/01/1980	1
Spouse	Male	26/07/1978	2
Self	Female	07/01/1979	1
Spouse	Male	30/06/1977	2
Son	Male	15/12/2016	3
Son	Male	25/02/2019	4
Self	Male	30/06/1985	1
Spouse	Female	15/02/1989	2
Son	Male	22/02/2021	3
Daughter	Female	06/02/2023	4
Self	Male	14/04/1979	1
Spouse	Female	06/11/1987	2
Son	Male	02/10/2014	3
Son	Male	31/03/2020	4
Self	Male	14/10/1982	1
Spouse	Female	07/08/1986	2
Son	Male	13/03/2011	3
Son	Male	28/03/2014	4
Self	Male	25/07/1982	1
Spouse	Female	18/06/1987	2
Son	Male	16/02/2018	3
Daughter	Female	02/07/2020	4
Self	Male	12/09/1978	1
Spouse	Female	25/10/1979	2
Daughter	Female	15/02/2012	3
Self	Male	17/12/1975	1
Spouse	Female	30/01/1980	2
Son	Male	06/11/2007	3

RELATIONSHIP	GENDER	DATE OF BIRTH	MEMBER FAMILY ID
Self	Female	30/01/1977	1
Spouse	Male	18/07/1976	2
Self	Male	08/03/1986	1
Spouse	Female	04/09/1990	2
Son	Male	30/01/2019	3
Self	Male	13/02/1991	1
Self	Male	14/03/1981	1
Spouse	Female	08/07/1986	2
Son	Male	04/04/2009	3
Daughter	Female	18/11/2020	4
Self	Male	06/07/1968	1
Spouse	Female	03/10/1972	2
Daughter	Female	19/10/2004	3
Self	Male	18/04/1984	1
Spouse	Female	02/03/1983	2
Daughter	Female	08/12/2013	3
Daughter	Female	30/04/2020	4
Self	Male	24/04/1980	1
Spouse	Female	23/07/1984	2
Son	Male	30/08/2017	3
Self	Male	31/03/1976	1
Daughter	Female	26/10/2008	3
Son	Male	17/07/2011	4
Self	Male	09/01/1988	1
Spouse	Female	29/07/1996	2
Son	Male	06/01/2018	3
Daughter	Female	16/08/2020	4
Self	Male	07/09/1986	1
Spouse	Female	01/08/1990	2
Daughter	Female	14/12/2014	3
Daughter	Female	12/03/2017	4
Self	Male	07/01/1973	1
Spouse	Female	01/01/1977	2
Self	Male	05/02/1978	1
Spouse	Female	07/01/1980	2
Daughter	Female	20/10/2007	3
Son	Male	24/10/2008	4
Self	Male	05/10/1983	1
Spouse	Female	01/01/1988	2
Daughter	Female	28/12/2007	3
Daughter	Female	15/08/2010	4
Self	Male	07-01-1989	1
Spouse	female	9/27/1993	2

RELATIONSHIP	GENDER	DATE OF BIRTH	MEMBER FAMILY ID
Child 1	Male	12/25/2019	3
Child 2	Male	12/23/2021	4
Self	Male	20/07/1988	1
Spouse	Female	01/01/1986	2
Son	Male	23/06/2011	3
Son	Male	26/06/2013	4
Self	Male	07/05/1957	1
Spouse	Female	11/06/1963	2
Self	Male	21/01/1949	1
Spouse	Female	13/08/1953	2
Self	Male	08/08/1992	1
Spouse	Female	17/06/1989	2
Son	Male	11/08/2016	3
Self	Male	15/07/1972	1
Spouse	Female	05/05/1976	2
Daughter	Female	02/02/2005	3
Daughter	Female	23/10/2008	4
Self	Male	07/06/1992	1
Spouse	Female	24/08/1997	2
Son	Male	18/12/2016	3
Daughter	Female	23/07/2021	4
Self	Male	05-01-1972	1
Spouse	Female	03-07-1972	2
Child 1	Male	03-03-2003	3
Child 2	Female	03-05-2007	4
Self	Male	12/10/1975	1
Self	Male	12/12/1994	1
Spouse	Female	30/06/1992	2
Daughter	Female	03/01/2015	3
Son	Male	03/11/2020	4
Self	Male	22/03/1980	1
Spouse	Female	09/11/1986	2
Daughter	Female	25/07/2019	3
Son	Male	11/02/2021	4
Self	Male	08/10/1985	1
Spouse	Female	22/05/1991	2
Son	Male	17/02/2021	3
Daughter	Female	25/12/2022	4
Self	Male	29/11/1979	1
Spouse	Female	04/01/1980	2
Son	Male	15/01/2005	3
Daughter	Female	29/12/2010	4
Self	Male	22/09/1981	1

RELATIONSHIP	GENDER	DATE OF BIRTH	MEMBER FAMILY ID
Self	Male	29/03/1980	1
Spouse	Female	27/07/1983	2
Daughter	Female	27/12/2015	3
Self	Male	20/05/1981	1
Spouse	Female	16/03/1981	2
Son	Male	25/02/2019	3
Self	Female	26/07/1990	1
Daughter	Female	23/1/2020	3
Daughter	Female	21-02-2024	4
Self	Male	15/07/1986	1
Spouse	Female	02/03/1988	2
Daughter	Female	03/07/2014	3
Daughter	Female	12/12/2017	4
Self	Male	14/11/1987	1
Spouse	Female	22/01/1992	2
Son	Male	02/08/2022	3
Self	Male	05/08/1987	1
Spouse	Female	15/03/1988	2
Son	Male	24/04/2016	3
Daughter	Female	24/04/2016	4
Self	Male	22/06/1971	1
Spouse	Female	08/04/1975	2
Son	Male	26/09/2002	3
Daughter	Female	21/07/2012	4
Self	Male	23/11/1986	1
Spouse	Female	15/11/1991	2
Daughter	Female	09/07/2017	3
Daughter	Female	26/07/2022	4
Self	Male	08/10/1982	1
Spouse	Female	08/10/1986	2
Son	Male	20/11/2019	3
Son	Male	20/11/2019	4
Self	Male	10/01/1963	1
Spouse	Female	23/09/1967	2
Self	Male	8/15/1975	1
Spouse	Female	01-01-1975	2
Child 1	Male	06-08-2003	3
Child 2	Male	01-01-2007	4
Self	Male	07/10/1978	1
Spouse	Female	10/04/1982	2
Daughter	Female	06/08/2005	3
Son	Male	09/02/2006	4
Self	Male	04/01/1984	1

RELATIONSHIP	GENDER	DATE OF BIRTH	MEMBER FAMILY ID
Spouse	Female	02/04/1990	2
Daughter	Female	20/02/2011	3
Son	Male	29/06/2013	4
Self	Male	01/01/1991	1
Spouse	Female	01/01/1998	2
Daughter	Female	23/12/2021	3
Son	Male	01/03/2023	4
Self	Female	01/01/1991	1
Spouse	Male	01/01/1990	2
Self	Female	11/07/1981	1
Spouse	Male	28/05/1976	2
Son	Male	29/11/2015	3
Self	Female	11/07/1989	1
Self	Male	20/05/1986	1
Spouse	Female	01/01/1990	2
Son	Male	27/07/2006	3
Son	Male	08/07/2008	4
Self	Male	15/07/1989	1
Spouse	Female	14/09/1994	2
Daughter	Female	18/04/2020	3
Self	Female	07/11/1987	2
Self	Male	01/07/1990	1
Spouse	Female	05/12/1990	2
Son	Male	06/08/2012	3
Daughter	Female	06/08/2014	4
Self	Male	26/11/1983	1
Spouse	Female	23/02/1986	2
Son	Female	23/09/2012	3
Self	Female	23/02/1985	1
Spouse	Male	23/08/1976	2
Self	Male	26/03/1986	1
Spouse	Female	12/12/1989	2
Son	Male	17/12/2018	3
Self	Male	03/06/1988	1
Self	Male	10/01/1986	1
Spouse	Female	15/07/1987	2
Daughter	Female	04/11/2015	3
Self	Male	27/11/1990	1
Spouse	Female	22/03/1993	2
Self	Male	29/05/1987	1
Spouse	Female	08/12/1987	2
Son	Male	13/10/2025	3
Self	Male	12/12/1983	1

RELATIONSHIP	GENDER	DATE OF BIRTH	MEMBER FAMILY ID
Spouse	Female	13/01/1987	2
Daughter	Female	15/12/2013	3
Son	Male	28/07/2018	4
Self	Male	01/02/1980	1
Spouse	Female	20/06/1989	2
Son	Male	02/05/2014	3
Son	Male	19/09/2019	4
Self	Male	08/09/1988	1
Spouse	Female	22/07/1991	2
Self	Male	28/04/1987	1
Self	Male	17/09/1988	1
Spouse	Female	16/08/1989	2
Son	Male	03/12/2019	3
Self	Male	29/01/1984	1
Spouse	Female	19/12/1989	2
Daughter	Female	05/08/2019	3
Self	Male	26/06/1989	1
Spouse	Female	29/03/1991	2
Self	Male	15/07/1990	1
Spouse	Female	16/06/1992	2
Daughter	Female	16/09/2014	3
Daughter	Female	12/01/2015	4
Self	Male	01/07/1989	1
Spouse	Female	24/04/1990	2
Daughter	Female	04/05/2023	3
Self	Female	06/04/1995	1
Self	Male	15/03/1988	1
Spouse	Female	21/04/1988	2
Daughter	Female	21/01/2013	3
Son	Male	01/08/2019	4
Self	Male	24/06/1996	1
Spouse	Female	06/05/1997	2
Son	Male	25/05/2019	3
Self	Male	17/01/1989	1
Spouse	Female	07/10/1993	2
Daughter	Female	05/02/2019	3
Daughter	Female	13-07-2025	4
Self	Male	14/11/1996	1
Spouse	Female	02/02/1997	2
Son	Male	11/01/2019	3
Self	Male	06/10/1986	1
Spouse	Female	04/04/1996	2
Son	Male	02/10/2018	3

RELATIONSHIP	GENDER	DATE OF BIRTH	MEMBER FAMILY ID
Son	Male	18/02/2022	4
Self	Male	07/02/1985	1
Spouse	Female	23/11/1985	2
Daughter	Female	06/08/2019	3
Self	Female	08/02/1989	1
Spouse	Male	21/04/1989	2
Self	Female	26/12/1986	1
Spouse	Male	29/10/1983	2
Daughter	Female	06/05/2023	3
Son	Male	06/05/2023	4
Self	Male	12/05/1993	1
Spouse	Female	08/12/1998	2
Son	Male	17/05/2022	3
Self	Male	11/21/1987	1
Spouse	Female	7/17/1991	2
Self	Male	19/12/1993	1
Spouse	Female	13/01/1993	2
Self	Male	04/05/1990	1
Spouse	Female	04/01/1994	2
Son	Female	11/05/2025	3
Self	Male	03/11/1988	1
Spouse	Female	23/10/1994	2
Self	Male	16/04/1985	1
Spouse	Female	02/10/1981	2
Daughter	Female	25/07/2017	3
Self	Male	23/12/1989	1
Spouse	Female	13/08/1992	2
Son	Male	23/06/2023	3
Self	Male	19/03/1989	1
Spouse	Female	10/06/1992	2
Self	Male	30/06/1990	1
Spouse	Female	18/05/1991	2
Daughter	Female	22/07/2020	3
Self	Male	12/08/1953	1
Spouse	Female	30/09/1959	2
Self	Male	08/01/1990	1
Spouse	Female	02/03/1993	2
Daughter	Female	02/12/2016	3
Self	Male	11/11/1988	1
Spouse	Female	19/11/1992	2
Son	Male	03/07/2016	3
Son	Male	17/01/2018	4
Self	Male	21/04/1983	1

RELATIONSHIP	GENDER	DATE OF BIRTH	MEMBER FAMILY ID
Spouse	Female	25/05/1986	2
Daughter	Female	25/11/2009	3
Daughter	Female	21/06/2017	4
Self	Male	13/04/1986	1
Spouse	Female	14/08/1990	2
Son	Male	06/01/2012	3
Daughter	Female	07/05/2015	4
Self	Female	07/02/1982	1
Spouse	Male	24/05/1983	2
Daughter	Female	02/04/2013	3
Self	Male	10/02/1974	1
Spouse	Female	01/07/1978	2
Daughter	Female	19/10/2003	3
Son	Male	10/01/2018	4
Self	Male	13/09/1990	1
Spouse	Female	11/08/1991	2
Daughter	Female	28/04/2018	3
Self	Male	07/01/1992	1
Self	Male	02/02/1989	1
Spouse	Female	06/01/1990	2
Son	Male	07/08/2008	3
Daughter	Female	23/10/2010	4
Self	Male	10/09/1985	1
Spouse	Female	01/01/1990	2
Son	Male	12/12/2013	3
Son	Male	23/04/2012	4
Self	Male	01/05/1985	1
Spouse	Female	10/04/1986	2
Self	Male	16/04/1991	1
Spouse	Female	24/10/1992	2
Son	Male	25/07/2018	3
Self	Male	27/08/1990	1
Self	Male	23/07/1992	1
Wife	Female	26/12/1992	2
Self	Male	03/03/1989	1
Self	Male	17/10/1988	1
Spouse	Female	07/11/1989	2
Son	Male	20/01/2015	3
Son	Male	17/03/2024	4
Self	Male	26/12/1987	1
Spouse	Female	23/12/1989	2
Son	Male	02/02/2023	3
Self	Female	25/04/1995	1

RELATIONSHIP	GENDER	DATE OF BIRTH	MEMBER FAMILY ID
Spouse	Male	24-04-1992	2
Self	Male	07/01/1989	1
Spouse	Female	15/09/1996	2
Son	Male	23/02/2022	3
Self	Male	26/06/1986	1
Spouse	Female	04/03/1985	2
Son	Male	19/05/2018	3
Self	Male	07/06/1995	1
Spouse	Female	05/05/1996	2
Self	Male	25/11/1985	1
Spouse	Female	18/09/1990	2
Son	Male	22/04/2024	3
Self	Male	27/11/1988	1
Spouse	Female	04/05/1990	2
Son	Male	20/03/2019	3
Daughter	Female	07/01/2021	4
Self	Male	02/08/1999	1
Spouse	Female	09/10/2005	2
Self	Male	26/01/1987	1
Spouse	Female	14/07/1990	2
Daughter	Female	15/12/2010	3
Son	Male	31/07/2014	4
Self	Male	04/09/1972	1
Spouse	Female	21/12/1972	2
Self	Male	19/04/1987	1
Spouse	Female	12/07/1987	2
Daughter	Female	27/01/2021	3
Self	Male	28/04/1988	1
Spouse	Female	24/03/1994	2
Self	Male	31/12/1990	1
Spouse	Female	02/10/1990	2
Daughter	Female	06/03/2012	3
Daughter	Female	05/08/2015	4
Self	Male	24/02/1993	1
Spouse	female	01/05/1995	2
Self	Male	22/08/1995	1
Spouse	Female	27/09/1997	2
Son	Male	14/12/2022	3
Self	Male	24/05/1995	1
Wife	Female	07/07/1999	2
Daughter	Female	12/06/2020	3
Daughter	Female	19-01-2025	4
Self	Male	07/11/1965	1

RELATIONSHIP	GENDER	DATE OF BIRTH	MEMBER FAMILY ID
Spouse	Female	19-11-1969	2
Self	Male	05/09/1992	1
Spouse	Female	13/05/1996	2
Daughter	Female	28/08/2023	3
Self	Male	16/03/1994	1
Spouse	Female	07/05/1997	2
Self	Male	13/09/1977	3
Spouse	Female	07/10/1978	2
Son	Male	05/12/2005	3
Self	Male	26/12/1989	1
Spouse	Female	05/09/1992	2
Son	Male	13/07/2018	3
Self	Male	06/08/1985	1
spouse	Female	29/06/1989	2
Daughter	Female	01/02/2016	3
Self	Male	17/07/1997	1
Self	Female	31/12/1988	1
Spouse	Male	11/04/1985	2
Son	Male	06/04/2020	3
Daughter	Female	17/02/2023	4
Self	Male	12/12/1993	1
Spouse	Female	11/12/1992	2
Self	Male	27/04/1971	1
Spouse	Female	01/07/1973	2
Son	Male	04/02/2002	3
Self	Male	9/26/1970	1
Spouse	Female	02-10-1974	2
Child 1	Male	11/22/1999	3
Self	Male	05/05/1993	1
Spouse	Female	15/06/1996	2
Daughter	Female	11/05/2022	3
Self	Male	20/07/1989	1
Spouse	Female	15/07/1995	2
Son	Male	07/01/2019	3
Son	Male	02/02/2023	4
Self	Male	24/09/1975	1
Spouse	Female	09/11/1976	2
Son	Male	22/09/2008	3
Son	Male	10/05/2015	4
Self	Male	27/09/1964	1
Spouse	Female	24/01/1966	2
Self	Male	01-05-1967	1
Spouse	Female	19-04-1974	2

RELATIONSHIP	GENDER	DATE OF BIRTH	MEMBER FAMILY ID
Child 1	Female	26-10-2003	3
Self	Female	20-02-1992	1
Self	Male	01-05-1998	1
Spouse	Female	21-02-2001	2
Child 1	Female	25-09-2021	3
Child 2	Male	15-12-2023	4
Self	Male	10/10/1993	1
Spouse	Female	15/07/1993	2
Daughter	Female	11/03/2015	3
Son	Male	11/03/2017	4
Self	Male	13-04-1986	1
Spouse	Female	06-06-1984	2
Child 1	Male	27-11-2017	3
Self	Male	13-11-1997	1
Spouse	Female	17-11-1998	2
Self	Male	05-10-1994	1
Spouse	Female	12-08-2001	2
Child 1	Male	04-03-2024	3
Self	Male	27-10-1962	1
Spouse	Female	02-01-1967	2
Self	Male	28-05-2000	1
Self	Male	24-04-1983	1
Spouse	Female	17-10-1990	2
Child 1	Female	09-09-2017	3
Self	Female	06-05-2000	1
Self	Male	01-12-1997	1
Spouse	Female	30-01-1999	2
Self	Male	05-03-1988	1
Spouse	Female	15-10-1988	2
Child 1	Male	13-08-2020	3
Child 2	Female	28-03-2023	4
Self	Male	06-07-1960	1
Spouse	Female	13-03-1968	2
Self	Male	25-08-1995	1
Self	Female	28-07-1994	1
Self	Female	02-07-1995	1
Self	Male	05-10-2002	
Self	Male	01-12-1995	1
Spouse	Female	05-06-1995	2
Self	Female	02-08-1996	1
Self	Male	08-02-1987	1
Spouse	Female	26-07-1993	2
Child 1	Male	04-06-2023	3

RELATIONSHIP	GENDER	DATE OF BIRTH	MEMBER FAMILY ID
Self	Male	01-01-1981	1
Spouse	Female	12-02-1980	2
Child 1	Female	22-10-2005	3
Child 2	Female	29-08-2010	4
Self	Female	14-09-1988	1
Spouse	Male	25-12-1983	2
Self	Male	04-11-1985	1
Spouse	Female	15-06-1986	2
Child 1	Female	21-11-2011	3
Child 2	Male	31-10-2017	4
Self	Male	29-12-1987	1
Spouse	Female	29-06-1992	2
Child 1	Male	02-11-2015	3
Child 2	Female	02-03-2021	4
Self	Male	13-07-1993	1
Self	Male	01-07-1968	1
Spouse	Female	01-01-1969	2
Child 1	Female	29-03-1992	3
Self	Male	24-05-1988	1
Spouse	Female	21-06-1986	2
Child 1	Female	16-01-2023	3
Self	Male	15-10-1991	1
Spouse	Female	22-08-1992	2
Child 1	Female	12-07-2020	3
Child 2	Male	04-03-2024	4

Signature with seal

Annexure

To Whomsoever It May Concern

This is to confirm that we, the undersigned, intend to participate in **Tender No. : 2025-26/ADMIN/2B/LNM-Insurance-Emp (Tender Number)** for the tender/work titled: "**LNMIIT employees Group Medical Insurance Policy" (Item Name)**"

We hereby certify the following:

No Conflict of Interest:

1. We declare that we have no conflict of interest in participating in the above tender. We further confirm that we are not engaged in any activity or association that may compromise, or be perceived to compromise, our impartiality or ability to fulfil the obligations of the tender.

Undertaking on Blacklisting & Litigation (Self-Certificate):

2. We hereby undertake that:
   - Our agency/firm has **never been blacklisted** or debarred by any Central Government, State Government, Union Territory administration, or any other Institution/Organization.

- There is **no ongoing or past litigation** against our agency/firm with any Central Government, State Government, Union Territory administration, or any other Institution/Organization on account of any **services/supplies**.
- If at any stage the above declaration is found to be false, the Institute shall have the right to take any action as deemed appropriate, including rejection of our bid.

Site Visit /Understanding:

3. We confirm that we have visited the site/clearly understood the requirements and expectations of the college authorities.

Scope of Work:

4. We have thoroughly reviewed the scope of work mentioned in the bid document. The entire inventory/requirement/work has been verified and found to be in order. We also confirm that no additional items beyond the listed inventory/requirement will be required for successful completion of the work. However, if any additional item is required during execution, the same shall be provided by us as per the requirement.

Bidder Details

Name of Bidder: _____

Address: _____

Contact Person: _____

Mobile No.: _____

Email ID: _____

Authorized Signatory: _____

Signature & Stamp: _____

Date: _____
Place: _____

Commercial Bid: *(in separate sealed envelope/password protected file via email)*

Bid for the LNMIIT employees Group Medical Insurance Policy

(Tender No. : 2025-26/ADMIN/2B/LNM-Insurance-Emp)

Bid for LNMIIT employees Group Medical Insurance Policy.

S. No.	Item name	Requirement of Insurance for	Rate	Amount
1.	Group Insurance Policy	Around 189 family comprising around total 572 members of different age groups		
2.		Premium for dependent parents of the employees as per age group separately (not part of this policy),		
			Total	
			GST_____	
			TOTAL (including taxes)	

GENERAL TERMS AND CONDITIONS:

1. All applicable taxes such as GST must be clearly mentioned. If not specified, it shall be deemed that all such charges are included in the quoted price.
2. If the supplier does not have a particular item or proposes a different make than that specified in the tender, the same must be clearly highlighted in the bid.
3. Prices must be inclusive of all charges such as packing, forwarding, transit insurance, transportation, loading, unloading (up to 50 meters), installation, and any other incidental expenses.
4. Bid must be submitted on an F.O.R. basis for delivery at: The LNM Institute of Information Technology, Gram – Rupa Ki Nangal, Post – Sumel, Via – Jamdoli, Jaipur – 302031.
5. Bid shall remain valid for a minimum period of 30 days. No change in prices will be accepted during the validity period.
6. The LNMIIT reserves the right to reject any quotation without assigning any reason.
7. Payment terms shall be mutually decided and agreed upon between the Institute and the vendor.
8. The bidder must submit a No Conflict of Interest Declaration along with the bid.
9. The bid must be submitted on the company's letterhead and in the LNMIIT-prescribed format only.
10. Any item or service not being supplied by the bidder must be clearly mentioned separately in the bid.
11. Vendors must provide a photocopy of their cheque/cancelled cheque along with the invoice for payment processing.
12. Prices shall be quoted in Indian Rupees (INR) only.
13. Total prices shall be quoted for the complete scope of work as per technical specifications, inclusive of all taxes, duties, insurance, packing, forwarding, and incidental charges.
14. Agencies or individuals who are debarred or blacklisted are not permitted to participate in the tendering process. Any agency engaging a debarred person for negotiations or representation is also liable to be debarred.
15. If the work is not completed within the stipulated time mentioned in the work order, the competent authority of LNMIIT reserves the right to accept partial work on suitable terms, cancel the supply/work order, withhold or stop payment, forfeit the Earnest Money Deposit, or debar the agency. The decision of the Competent Authority shall be final and binding.
16. In case two or more bidders quote the same rates, the final selection shall be made through a draw of lots conducted by a committee comprising LNMIIT administrative members(PCC).
17. Vendors are required to visit the site and conduct a detailed survey before submitting their bid to understand the exact requirements. No request for additional items or modifications will be entertained later.
18. A pre-bid meeting and/or site visit may be arranged prior to submission of bids to clarify any doubts regarding project details, scope of work, and required documents.

Signature with seal

UNITED INDIA INSURANCE COMPANY LIMITED

JANGID BUILDING MI ROAD, JAIPUR JAIPUR, JAIPUR, RAJASTHAN
JAIPUR - 302001 RAJASTHAN
PH: (0141) 2362803 FAX: EMAIL:

UNI GROUP HEALTH INSURANCE POLICY
UIN NO. UIIHLGP20043V011920
POLICY NO.: 1403012824P120933044

(DUPLICATE)

PERIOD OF INSURANCE
FROM 00:00 Hrs on 28/03/2025
To Midnight on 27/03/2026

Insured
M/s LNMIIT
RUPA KI NANGAL,POST-SUMEL, JAMDOLI

JAIPUR
RAJASTHAN
302029

Agent Name	:	**PRAMILA DHODHI**
Agent Code	:	**AGN0010029**
Mobile/Landline Number/Email		**9602596696**
		PRAMILADHODHI1963@GMAIL.COM

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

For any Information, Service Requests and Grievances please write to 140301@uiic.co.in

For ID Cards & Claim Intimations Please contact the TPA mentioned in the Policy document.

UNI GROUP HEALTH INSURANCE POLICY
SCHEDULE

Policy No.	**1403012824P120933044**			Previous Policy No.		
Insured Detail	**Name/ID**	M/s LNMIIT/23009414488				
	Tel. (O)		Tel.(R)		Fax	
	EMail					
	Business/Occupation		None			
Period of Insurance	**From**	**00:00**	**Hours of**	**28/03/2025**	**To Midnight of 27/03/2026**	

Coinsurance	UIIC 140301 : 100%

Risk Coverage Details:-

No. of Employees/Members covered	205
No. of Dependents Covered	423
Total No. of Persons covered	628
Sum Insured Slab/s(₹)	300000
Total Sum Insured(₹)	
Total Sum Insured (in words)	
Cover type basis	Family Floater Basis
Family Definition	Self,Employee/Member's legal spouse,Children

Base Covers:-

In-patient Hospitalisation Expenses Cover

Room, Boarding and Nursing expenses(per day limit)- 2.34% of Sum Insured or ₹ 7,000.00 or Actual Expenses Incurred, whichever is less
ICU/ICCU/HDU(per day limit)- 3 % of Sum Insured or ₹ 9,000.00 or Actual Expenses Incurred, whichever is less
Proportionate Clause-Applicable
Mental Illness Cover Limit for Named Illnesses- Not Opted

Day Care Treatment Cover

Actual Expenses Incurred

Pre-hospitalisation Medical Expenses Cover

Actual Expenses Incurred
Number of days-30

Post-hospitalisation Medical Expenses Cover

Actual Expenses Incurred
Number of days-60

Road Ambulance Cover

₹ 1,500.00 or Actual Expenses Incurred, whichever is less

Domiciliary Hospitalisation Cover

Actual Expenses Incurred

Donor Expenses Cover

Actual Expenses Incurred

Optional Covers:-

Maternity Expenses Cover

Waiting Period	Maximum number of deliveries	Normal Amount Limit	Caesarian Amount Limit
9 Months	2	₹50,000.00	₹50,000.00

Cover Name	**Cover Limit**
Corporate Buffer for Critical/Named Illness only	₹ 4,000,000.00

Other Special Condition Details:

SL. No.	Other Special Conditions
1	SUM INSURED PER FAMILY RS 300000/- ROOM RENT RS 2.34 % (UP TO RS 7000/-) OF THE SUM INSURED AND ICU 3% PER DAY OF THE INSURED MATERNITY COVER NORMAL & CAESARIAN RS 50000/- IN METRO CITIES & RS 40000/- FOR OTHER THAN METRO CITIES WILL BE PAYABLE FOR FIRST 2 CHILDREN (WAITING PERIOD OF 9 MONTHS FOR NEW ENTRANTS WILL BE APPLIED), FOR NEW BORN BABIES WAITING PERIOD OF 90 DAYS APPLICABLE AND WILL BE COVERED ON RECEIPT OF APPROPRIATE PREMIUMS, AMBULANCE CHARGES UP TO RS 1500/- PER CLAIM PAYABLE, CORPORATE BUFFER OF 40 LAKHS PAYABLE UP TO FAMILY SUMINSURED ,CONDITIONS OF 4.1 , 4.2 & 4.3 IS DELETED AND ALL OTHERS CONDITIONS ARE SAME AS PER STANDARD GROUP MEDICLAIM POLICY.

Insured Details

As Per Annexure Attached.

Waiting Periods:
Pre-Existing Disease Waiting Period : Waived.
Initial Waiting Period for Hospitalization : Waived.
Specific Illness Waiting Period : Waived.

Other conditions:
- All Other Terms & Conditions Subject to printed Policy (Uni Group Health Insurance Policy) Clauses attached.
- Addition / Deletion of Employees & Dependents:
  Âº Insured will be allowed a window period of 30 days from the policy Inception date to review the employee list covered under the policy. All Addition / deletion / Correction of the persons to be done subject to additional premium, if there is a change in the group size.
  Âº We agree for providing cover for additions from the date of joining of the new employee by charging prorata premium from the date of joining till the expiry of the policy, subject to maintenance of free and adequate balance under Cash Deposit maintained by the Insured with us or the coverage will be effective from the date of payment of premium.

Premium:	₹	
CGST(9%):	₹	
SGST(9%):	₹	
Stamp Duty:	₹	
Total:	₹	
Receipt Number :		10114030124124739018
Receipt Date:		27/03/2025
Development Officer Code/ Agent Code: PRAMILA DHODHI		AGN0010029

This Schedule and the attached policy shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear.

Customer GST/UIN No.:	08AAATT6159R1ZL	**Office GST No.:**	08AAACU5552C1ZJ
SAC Code:	997133	**Invoice No. & Date:**	2824I120933044 & 27/03/2025
Amount Subject to Reverse Charges-NIL			

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.
Anti Money Laundering Clause:-In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT https://pledge.cvc.nic.in.

Date of Proposal and Declaration: 28/03/2025
IN WITNESS WHEREOF, this policy has been signed at BO 1 JAIPUR 140301 on this 26th day of March 2025
For and On behalf of
United India Insurance Co. Ltd.

Affix Policy Stamp here.

Authorized Signatory

Underwritten By - MAY35268 (BO UNDERWRITER) , Approved By - VIJ25476(HO UNDERWRITER_HEALTH)

Note:- Blank spaces in the policy schedule if present are deliberately left blank.

Details of TPA:
Please contact the following TPA for Issue of Identity Cards, Cashless Approvals & Claims Settlement.

Name of TPA/ID	VIDAL HEALTH TPA PRIVATE LTD / TPA00019			
Address	SJR I Park | Plot No :13,14,15, Tower 2,Tower 2, 1st floor, SJR I Park,Plot No; 13,14,15, EPIP Area, Whitefield, Bangalore - 560066, Pin Code : 560066, Fax No :			
Toll Free number	18604250251/08046267018 Senior:Tollfree:08046267070/18001203348 www.vidalhealthtpa.com			
Contact Details	**For General Enquiries**	**For Cashless approval**	**For Claim intimation**	**For Grievances**
Telephone Numbers	18604250251/080-46267018	18604250251/080-46267018	18604250251/080-46267018	18604250251/080-46267018
Email IDs	help@vidalhealthtpa.com	help@vidalhealthtpa.com	Intimation@vidalhealthtpa.com	greivances@vidalhealthtpa.com

Annexure:

UIIC ID No.	ABHA ID	Member ID	Member Family ID	Name	Relationship	Gender	Age	Date of Joining	Sum Insured(₹)
UIIC230094144881011		101	1	Usha Kanoongo	Self	Female	49	28-Mar-2025	300,000.00
UIIC230094144881012		101	2	Sanjeev Kanoongo	Spouse	Male	58	28-Mar-2025	0.00
UIIC230094144881013		101	3	Shashwat Kanoongo	Son	Male	18	28-Mar-2025	0.00
UIIC230094144881014		101	4	Anushree Kanoongo	Daughter	Female	20	28-Mar-2025	0.00
UIIC230094144881041		104	1	Narendra Kumar	Self	Male	46	28-Mar-2025	300,000.00
UIIC230094144881042		104	2	Neha Purohit	Spouse	Female	42	28-Mar-2025	0.00
UIIC230094144881043		104	3	Prakshar Tiwari	Son	Male	14	28-Mar-2025	0.00
UIIC230094144881061		106	1	Anjishnu Sarkar	Self	Male	44	28-Mar-2025	300,000.00
UIIC230094144881063		106	3	Anshuk Sarkar	Son	Male	11	28-Mar-2025	0.00
UIIC230094144881081		108	1	Dharm Pal Yadav	Self	Male	43	28-Mar-2025	300,000.00
UIIC230094144881082		108	2	Babita Yadav	Spouse	Female	37	28-Mar-2025	0.00
UIIC230094144881083		108	3	Nand Kishore Yadav	Son	Male	14	28-Mar-2025	0.00
UIIC230094144881084		108	4	Shakti Yadav	Daughter	Female	11	28-Mar-2025	0.00
UIIC230094144881091		109	1	Pushpa Devi	Self	Female	37	28-Mar-2025	300,000.00
UIIC230094144881092		109	2	Narendra Singh	Spouse	Male	39	28-Mar-2025	0.00
UIIC230094144881093		109	3	Puneet	Son	Male	16	28-Mar-2025	0.00
UIIC230094144881094		109	4	Kalpana	Daughter	Female	18	28-Mar-2025	0.00
UIIC230094144881143		114	3	Raghav Pratap Singh	Son	Male	9	28-Mar-2025	0.00
UIIC230094144881144		114	4	Rajas Pratap Singh	Son	Male	9	28-Mar-2025	0.00
UIIC230094144881142		114	2	Meena Panwar	Spouse	Female	48	28-Mar-2025	0.00
UIIC230094144881141		114	1	Mukesh Kumar Jadon	Self	Male	52	28-Mar-2025	300,000.00
UIIC230094144881162		116	2	Yamini Singh	Spouse	Female	34	28-Mar-2025	0.00
UIIC230094144881161		116	1	Manish Kumar Singh	Self	Male	40	28-Mar-2025	300,000.00
UIIC230094144881163		116	3	Manyaa Singh	Daughter	Female	6	28-Mar-2025	0.00
UIIC230094144881171		117	1	Preety Singh	Self	Female	56	28-Mar-2025	300,000.00
UIIC230094144881172		117	2	Narinder Pal Sinjgh	Spouse	Male	59	28-Mar-2025	0.00
UIIC230094144881181		118	1	Rajbir Kaur	Self	Female	51	28-Mar-2025	300,000.00
UIIC230094144881183		118	3	Master Pramit Singh	Son	Male	22	28-Mar-2025	0.00
UIIC230094144881182		118	2	Nawal Kishore	Spouse	Male	56	28-Mar-2025	0.00
UIIC230094144881212		121	2	Sunita Chandwani	Spouse	Female	44	28-Mar-2025	0.00
UIIC230094144881211		121	1	Govind Chandwani	Self	Male	47	28-Mar-2025	300,000.00
UIIC230094144881213		121	3	Anjalika Chandwani	Daughter	Female	18	28-Mar-2025	0.00
UIIC230094144881214		121	4	Kunal Chandwani	Son	Male	16	28-Mar-2025	0.00
UIIC230094144881221		122	1	Chand Singh Panwar	Self	Male	39	28-Mar-2025	300,000.00

UIIC230094144881222		122	2	Toshita Kanwar	Spouse	Female	38	28-Mar-2025	0.00
UIIC230094144881223		122	3	Varnika Panwar	Daughter	Female	2	28-Mar-2025	0.00
UIIC230094144881242		124	2	Manju Devi	Spouse	Female	45	28-Mar-2025	0.00
UIIC230094144881241		124	1	Durga Prasad	Self	Male	49	28-Mar-2025	300,000.00
UIIC230094144881243		124	3	Manoj	Son	Male	23	28-Mar-2025	0.00
UIIC230094144881244		124	4	Kavita	Daughter	Female	22	28-Mar-2025	0.00
UIIC230094144881254		125	4	Harshit Buhadiya	Son	Male	18	28-Mar-2025	0.00
UIIC230094144881252		125	2	Anita Devi	Spouse	Female	43	28-Mar-2025	0.00
UIIC230094144881251		125	1	Pradeep Kumar Buhadiya	Self	Male	44	28-Mar-2025	300,000.00
UIIC230094144881253		125	3	Sakshi Buhadiya	Daughter	Female	20	28-Mar-2025	0.00
UIIC230094144881264		126	4	Nitu	Daughter	Female	14	28-Mar-2025	0.00
UIIC230094144881263		126	3	Amit Kumar	Son	Male	16	28-Mar-2025	0.00
UIIC230094144881261		126	1	Hemraj Bairwa	Self	Male	42	28-Mar-2025	300,000.00
UIIC230094144881262		126	2	Anita Devi	Spouse	Female	40	28-Mar-2025	0.00
UIIC230094144881273		127	3	Sanu Meena	Daughter	Male	16	28-Mar-2025	0.00
UIIC230094144881274		127	4	Saniya Meena	Daughter	Female	13	28-Mar-2025	0.00
UIIC230094144881272		127	2	Lali Devi	Spouse	Female	34	28-Mar-2025	0.00
UIIC230094144881271		127	1	Hanuman Sahay	Self	Female	36	28-Mar-2025	300,000.00
UIIC230094144881282		128	2	Manju Devi	Spouse	Female	51	28-Mar-2025	0.00
UIIC230094144881281		128	1	Sita Ram Raigar	Self	Male	49	28-Mar-2025	300,000.00
UIIC230094144881283		128	3	Himani	Daughter	Female	23	28-Mar-2025	0.00
UIIC230094144881284		128	4	Hitesh	Son	Male	17	28-Mar-2025	0.00
UIIC230094144881291		129	1	Yadram Bunkar	Self	Male	53	28-Mar-2025	300,000.00
UIIC230094144881292		129	2	Gaytri Devi	Spouse	Female	49	28-Mar-2025	0.00
UIIC23009414488131		13	1	Manju Dhariwal	Self	Female	58	28-Mar-2025	300,000.00
UIIC23009414488132		13	2	Rakesh Dhariwal	Spouse	Male	49	28-Mar-2025	0.00
UIIC230094144881304		130	4	Anjali Saini	Daughter	Female	12	28-Mar-2025	0.00
UIIC230094144881303		130	3	Devendra Saini	Son	Male	14	28-Mar-2025	0.00
UIIC230094144881301		130	1	Kamlesh Saini	Self	Male	45	28-Mar-2025	300,000.00
UIIC230094144881302		130	2	Mausmi	Spouse	Female	42	28-Mar-2025	0.00
UIIC230094144881313		131	3	Rushika Karmakar	Daughter	Female	1	28-Mar-2025	0.00
UIIC230094144881311		131	1	Purnendu Karmakar	Self	Male	45	28-Mar-2025	300,000.00
UIIC230094144881312		131	2	Aditi Karmakar Das	Spouse	Female	42	28-Mar-2025	0.00
UIIC230094144881331		133	1	Raghuveer Prasad Meena	Self	Male	47	28-Mar-2025	300,000.00
UIIC230094144881332		133	2	Rajanti Devi Meena	Spouse	Female	45	28-Mar-2025	0.00
UIIC230094144881333		133	3	Kamal Meena	Son	Male	20	28-Mar-2025	0.00
UIIC230094144881334		133	4	Anita Meena	Daughter	Female	18	28-Mar-2025	0.00

UIIC230094144881354		135	4	Satyam Jha	Son	Male	7	28-Mar-2025	0.00
UIIC230094144881353		135	3	Prakarti Jha	Daughter	Female	8	28-Mar-2025	0.00
UIIC230094144881352		135	2	Kanchan Jha	Spouse	Female	35	28-Mar-2025	0.00
UIIC230094144881351		135	1	Praveen Kumar Jha	Self	Male	38	28-Mar-2025	300,000.00
UIIC230094144881371		137	1	Arvind Kumar Gaur	Self	Male	46	28-Mar-2025	300,000.00
UIIC230094144881372		137	2	Neelu Sharma	Spouse	Female	42	28-Mar-2025	0.00
UIIC230094144881373		137	3	Avni Gaur	Daughter	Female	18	28-Mar-2025	0.00
UIIC230094144881374		137	4	Ananya Gaur	Daughter	Female	12	28-Mar-2025	0.00
UIIC230094144881381		138	1	Mukesh Kumar Sharma	Self	Male	48	28-Mar-2025	300,000.00
UIIC230094144881384		138	4	Nikita Sharma	Daughter	Female	18	28-Mar-2025	0.00
UIIC230094144881383		138	3	Divanshu Sharma	Son	Male	22	28-Mar-2025	0.00
UIIC230094144881382		138	2	Preeti Sharma	Spouse	Female	42	28-Mar-2025	0.00
UIIC230094144881411		141	1	Kamal Kishore Khatri	Self	Male	49	28-Mar-2025	300,000.00
UIIC230094144881412		141	2	Deepmala Khatri	Spouse	Female	45	28-Mar-2025	0.00
UIIC230094144881413		141	3	Laxman Khatri	Son	Male	15	28-Mar-2025	0.00
UIIC230094144881414		141	4	Himanshu Khatri	Son	Male	10	28-Mar-2025	0.00
UIIC230094144881421		142	1	Pavan Kumar Sharma	Self	Male	32	28-Mar-2025	300,000.00
UIIC230094144881422		142	2	Shailaja Sharma	Spouse	Female	32	28-Mar-2025	0.00
UIIC230094144881431		143	1	Surinder singh Nehra	Self	Male	46	28-Mar-2025	300,000.00
UIIC230094144881432		143	2	Monika Nehra	Spouse	Female	37	28-Mar-2025	0.00
UIIC230094144881433		143	3	Harsh Nehra	Son	Male	10	28-Mar-2025	0.00
UIIC230094144881451		145	1	Laxmi Narayan Sharma	Self	Male	41	28-Mar-2025	300,000.00
UIIC230094144881452		145	2	Guddi Sharma	Spouse	Female	34	28-Mar-2025	0.00
UIIC230094144881453		145	3	Apeksha Sharma	Daughter	Female	11	28-Mar-2025	0.00
UIIC230094144881454		145	4	Aarav	Son	Male	9	28-Mar-2025	0.00
UIIC230094144881471		147	1	Poonam Gera	Self	Female	45	28-Mar-2025	300,000.00
UIIC230094144881472		147	2	Jagdish Singh	Spouse	Male	46	28-Mar-2025	0.00
UIIC23009414488151		15	1	Amit Neogi	Self	Male	57	28-Mar-2025	300,000.00
UIIC23009414488152		15	2	Saswati Jana	Spouse	Female	52	28-Mar-2025	0.00
UIIC23009414488153		15	3	Arundhati	Daughter	Female	3	28-Mar-2025	0.00
UIIC230094144881503		150	3	Nikunj Singh	Son	Male	8	28-Mar-2025	0.00
UIIC230094144881504		150	4	Prakunj Singh	Son	Male	5	28-Mar-2025	0.00
UIIC230094144881502		150	2	Nitin Pratap Singh	Spouse	Male	47	28-Mar-2025	0.00
UIIC230094144881501		150	1	Kusum Lata	Self	Female	46	28-Mar-2025	300,000.00
UIIC230094144881524		152	4	Avani Mishra	Daughter	Female	2	28-Mar-2025	0.00
UIIC230094144881521		152	1	Bharavi Mishra	Self	Male	39	28-Mar-2025	300,000.00
UIIC230094144881523		152	3	Ajanabh Mishra	Son	Male	3	28-Mar-2025	0.00

UIIC230094144881522		152	2	Neelam Kumari	Spouse	Female	35	28-Mar-2025	0.00
UIIC230094144881544		154	4	Archis Singh	Son	Male	4	28-Mar-2025	0.00
UIIC230094144881541		154	1	Manoj Kumar	Self	Male	45	28-Mar-2025	300,000.00
UIIC230094144881543		154	3	Divyansh Singh	Son	Male	10	28-Mar-2025	0.00
UIIC230094144881542		154	2	Namrata Singh	Spouse	Female	37	28-Mar-2025	0.00
UIIC230094144881554		155	4	Aditya Garg	Son	Male	10	28-Mar-2025	0.00
UIIC230094144881551		155	1	Manish Garg	Self	Male	42	28-Mar-2025	300,000.00
UIIC230094144881552		155	2	Ambika Goel	Spouse	Female	38	28-Mar-2025	0.00
UIIC230094144881553		155	3	Shaurya Garg	Son	Male	13	28-Mar-2025	0.00
UIIC230094144881562		156	2	Noor Afsha	Spouse	Female	37	28-Mar-2025	0.00
UIIC230094144881561		156	1	Parwez Ahmad Ansari	Self	Male	42	28-Mar-2025	300,000.00
UIIC230094144881564		156	4	Kashish Fatima	Daughter	Female	4	28-Mar-2025	0.00
UIIC230094144881563		156	3	Noman Ahmad	Son	Male	6	28-Mar-2025	0.00
UIIC230094144881583		158	3	Naavya Rawal	Daughter	Female	12	28-Mar-2025	0.00
UIIC230094144881582		158	2	Foram Trivedi	Spouse	Female	45	28-Mar-2025	0.00
UIIC230094144881581		158	1	Divyang Rawal	Self	Male	46	28-Mar-2025	300,000.00
UIIC230094144881591		159	1	Navneet Upadhyay	Self	Male	49	28-Mar-2025	300,000.00
UIIC230094144881592		159	2	Neelam Upadhyay	Spouse	Female	45	28-Mar-2025	0.00
UIIC230094144881593		159	3	Vyom Upadhyay	Son	Male	17	28-Mar-2025	0.00
UIIC230094144881611		161	1	Pomita Ghoshal	Self	Female	48	28-Mar-2025	300,000.00
UIIC230094144881612		161	2	Siddhartha Sarkar	Spouse	Male	48	28-Mar-2025	0.00
UIIC230094144881641		164	1	Praveen Kumar Tripathi	Self	Male	38	28-Mar-2025	300,000.00
UIIC230094144881642		164	2	Poonam Sharma	Spouse	Female	34	28-Mar-2025	0.00
UIIC230094144881643		164	3	Yuvaan Sharma	Son	Male	6	28-Mar-2025	0.00
UIIC230094144881661		166	1	Shivam Maheshwari	Self	Male	33	28-Mar-2025	300,000.00
UIIC230094144881681		168	1	Vinod Kumar	Self	Male	43	28-Mar-2025	300,000.00
UIIC230094144881684		168	4	Bhavya Saini	Daughter	Female	4	28-Mar-2025	0.00
UIIC230094144881683		168	3	Harshit Saini	Son	Male	15	28-Mar-2025	0.00
UIIC230094144881682		168	2	Mishri Devi	Spouse	Female	38	28-Mar-2025	0.00
UIIC230094144881691		169	1	Ramkumar Singh	Self	Male	56	28-Mar-2025	300,000.00
UIIC230094144881692		169	2	Laxmi Kanwar	Spouse	Female	52	28-Mar-2025	0.00
UIIC230094144881693		169	3	Sapna Kanwar	Daughter	Female	20	28-Mar-2025	0.00
UIIC23009414488173		17	3	Siddhant Kumar	Son	Male	15	28-Mar-2025	0.00
UIIC23009414488172		17	2	Sunita Jewaria	Spouse	Female	43	28-Mar-2025	0.00
UIIC23009414488171		17	1	Sunil Kumar	Self	Male	49	28-Mar-2025	300,000.00
UIIC23009414488174		17	4	Pratyusha Kumar	Daughter	Female	12	28-Mar-2025	0.00
UIIC230094144881743		174	3	Madhuparna Sharma	Daughter	Female	11	28-Mar-2025	0.00

UIIC230094144881742		174	2	Manorama Sharma	Spouse	Female	41	28-Mar-2025	0.00
UIIC230094144881741		174	1	Abhishek Sharma	Self	Male	40	28-Mar-2025	300,000.00
UIIC230094144881744		174	4	Mihika Sharma	Daughter	Female	4	28-Mar-2025	0.00
UIIC23009414488181		18	1	Santosh Shah	Self	Male	45	28-Mar-2025	300,000.00
UIIC23009414488182		18	2	Vandana Shah	Spouse	Female	40	28-Mar-2025	0.00
UIIC23009414488184		18	4	Deetya Shah	Daughter	Female	8	28-Mar-2025	0.00
UIIC23009414488183		18	3	Saesha Shah	Daughter	Female	16	28-Mar-2025	0.00
UIIC230094144881803		180	3	Adhvar Gautam	Son	Male	7	28-Mar-2025	0.00
UIIC230094144881801		180	1	Sunil Kumar Gauttam	Self	Male	44	28-Mar-2025	300,000.00
UIIC230094144881802		180	2	Ankita Gautam	Spouse	Female	40	28-Mar-2025	0.00
UIIC230094144881814		181	4	Govind Sharma	Son	Male	13	28-Mar-2025	0.00
UIIC230094144881813		181	3	Kriti Sharma	Daughter	Female	16	28-Mar-2025	0.00
UIIC230094144881811		181	1	Vikram Sharma	Self	Male	48	28-Mar-2025	300,000.00
UIIC230094144881834		183	4	Chhavi Bhati	Daughter	Female	4	28-Mar-2025	0.00
UIIC230094144881831		183	1	Udayveer Singh	Self	Male	37	28-Mar-2025	300,000.00
UIIC230094144881832		183	2	Omwati	Spouse	Female	28	28-Mar-2025	0.00
UIIC230094144881833		183	3	Dhruv Bhati	Son	Male	7	28-Mar-2025	0.00
UIIC230094144881841		184	1	Satyanarayan Prajapat	Self	Male	38	28-Mar-2025	300,000.00
UIIC230094144881842		184	2	Amrita	Spouse	Female	34	28-Mar-2025	0.00
UIIC230094144881843		184	3	Preksha Prajapat	Daughter	Female	10	28-Mar-2025	0.00
UIIC230094144881844		184	4	Vameeka Prajapat	Daughter	Female	7	28-Mar-2025	0.00
UIIC230094144881851		185	1	Bhagwan Singh	Self	Male	52	28-Mar-2025	300,000.00
UIIC230094144881852		185	2	Kamlesh	Spouse	Female	48	28-Mar-2025	0.00
UIIC230094144881853		185	3	Komal Alwariya	Daughter	Female	24	28-Mar-2025	0.00
UIIC230094144881894		189	4	Mayank Sharma	Son	Male	16	28-Mar-2025	0.00
UIIC230094144881892		189	2	Mamta Sharma	Spouse	Female	45	28-Mar-2025	0.00
UIIC230094144881891		189	1	Suraj Bhan Sharma	Self	Male	47	28-Mar-2025	300,000.00
UIIC230094144881893		189	3	Palak Sharma	Daughter	Female	17	28-Mar-2025	0.00
UIIC230094144881901		190	1	Rajendra Kumar Bairwa	Self	Male	41	28-Mar-2025	300,000.00
UIIC230094144881902		190	2	Asha Devi	Spouse	Female	37	28-Mar-2025	0.00
UIIC230094144881903		190	3	Suhani	Daughter	Female	17	28-Mar-2025	0.00
UIIC230094144881904		190	4	Meenakshi	Daughter	Female	14	28-Mar-2025	0.00
UIIC230094144881934		193	4	Ankit Meena	Son	Male	11	28-Mar-2025	0.00
UIIC230094144881933		193	3	Dishan Meena	Son	Male	13	28-Mar-2025	0.00
UIIC230094144881932		193	2	Mamta Meena	Spouse	Female	39	28-Mar-2025	0.00
UIIC230094144881931		193	1	Kajor Meena	Self	Male	36	28-Mar-2025	300,000.00
UIIC230094144881942		194	2	Bimla Sharma	Spouse	Female	61	28-Mar-2025	0.00

UIIC230094144881941		194	1	Ganesh Datt Sharma	Self	Male	67	28-Mar-2025	300,000.00
UIIC230094144881961		196	1	Mohan Krishen Kadalbajoo	Self	Male	76	28-Mar-2025	300,000.00
UIIC230094144881962		196	2	Usha Kadalbajoo	Spouse	Female	71	28-Mar-2025	0.00
UIIC230094144881971		197	1	Banwari Lal Sharma	Self	Male	32	28-Mar-2025	300,000.00
UIIC230094144881972		197	2	Madhu Bala Sharma	Spouse	Female	35	28-Mar-2025	0.00
UIIC230094144881973		197	3	Avik Sharma	Son	Male	8	28-Mar-2025	0.00
UIIC230094144881984		198	4	Nikita	Daughter	Female	16	28-Mar-2025	0.00
UIIC230094144881983		198	3	Saloni	Daughter	Female	20	28-Mar-2025	0.00
UIIC230094144881981		198	1	Arjun Lal Raigar	Self	Male	52	28-Mar-2025	300,000.00
UIIC230094144881982		198	2	Jashoda	Spouse	Female	48	28-Mar-2025	0.00
UIIC230094144881991		199	1	Shrawan Kumar	Self	Male	32	28-Mar-2025	300,000.00
UIIC230094144881992		199	2	Sanju Devi	Spouse	Female	27	28-Mar-2025	0.00
UIIC230094144881993		199	3	Sidhant	Son	Male	8	28-Mar-2025	0.00
UIIC230094144881994		199	4	Bhavana	Daughter	Female	3	28-Mar-2025	0.00
UIIC23009414488201		20	1	Ajeet Singh Rawat	Self	Male	45	28-Mar-2025	300,000.00
UIIC23009414488202		20	2	Ruchi Chaturvedi	Spouse	Female	46	28-Mar-2025	0.00
UIIC23009414488203		20	3	Aarav Aaditya	Son	Male	6	28-Mar-2025	0.00
UIIC230094144882021		202	1	Rakesh Tibrewala	Self	Male	49	28-Mar-2025	300,000.00
UIIC230094144882034		203	4	Kayansh meena	Son	Male	4	28-Mar-2025	0.00
UIIC230094144882032		203	2	Kripa Meena	Spouse	Female	32	28-Mar-2025	0.00
UIIC230094144882031		203	1	Ajay Meena	Self	Male	30	28-Mar-2025	300,000.00
UIIC230094144882033		203	3	Aditi Meena	Daughter	Female	10	28-Mar-2025	0.00
UIIC230094144882043		204	3	Asmi Garai	Daughter	Female	5	28-Mar-2025	0.00
UIIC230094144882044		204	4	Adhrit Garai	Son	Male	4	28-Mar-2025	0.00
UIIC230094144882042		204	2	Auroma Ghosh	Spouse	Female	38	28-Mar-2025	0.00
UIIC230094144882041		204	1	Ashok Garai	Self	Male	44	28-Mar-2025	300,000.00
UIIC230094144882054		205	4	Jeevika Sharma	Daughter	Female	2	28-Mar-2025	0.00
UIIC230094144882053		205	3	Laksh Sharma	Son	Male	3	28-Mar-2025	0.00
UIIC230094144882052		205	2	Anju Sharma	Spouse	Female	33	28-Mar-2025	0.00
UIIC230094144882051		205	1	Kushamakar Sharma	Self	Male	39	28-Mar-2025	300,000.00
UIIC230094144882063		206	3	Aaryan Maheshwari	Son	Male	20	28-Mar-2025	0.00
UIIC230094144882064		206	4	Aavika Maheshwari	Daughter	Female	14	28-Mar-2025	0.00
UIIC230094144882062		206	2	Amita Maloo Dargar	Spouse	Female	45	28-Mar-2025	0.00
UIIC230094144882061		206	1	Ashok Kumar Dargar	Self	Male	45	28-Mar-2025	300,000.00
UIIC230094144882071		207	1	Deepak Nair Maroor Vikraman	Self	Male	43	28-Mar-2025	300,000.00
UIIC230094144882082		208	2	Sneha Sharma	Spouse	Female	41	28-Mar-2025	0.00
UIIC230094144882083		208	3	Harshali Sharma	Daughter	Female	9	28-Mar-2025	0.00

UIIC230094144882081		208	1	Ashish Sharma	Self	Male	44	28-Mar-2025	300,000.00
UIIC230094144882093		209	3	Oishik Das	Son	Male	5	28-Mar-2025	0.00
UIIC230094144882091		209	1	Nabyendu Das	Self	Male	43	28-Mar-2025	300,000.00
UIIC230094144882092		209	2	Poulomi Sadhukhan	Spouse	Female	43	28-Mar-2025	0.00
UIIC230094144882103		210	3	Kritika Jena	Daughter	Female	5	28-Mar-2025	0.00
UIIC230094144882101		210	1	Joyeeta Singha	Self	Female	34	28-Mar-2025	300,000.00
UIIC230094144882102		210	2	Kanjalochan Jena	Spouse	Male	36	28-Mar-2025	0.00
UIIC230094144882104		210	4	Divisha Jena	Daughter	Female	0	28-Mar-2025	0.00
UIIC230094144882134		213	4	Aadhya Deepak Unune	Daughter	Female	7	28-Mar-2025	0.00
UIIC230094144882133		213	3	Advi Deepak Unune	Daughter	Female	10	28-Mar-2025	0.00
UIIC230094144882131		213	1	Deepak Rajendra Unune	Self	Male	38	28-Mar-2025	300,000.00
UIIC230094144882132		213	2	Ashvini Deepak Unune	Spouse	Female	36	28-Mar-2025	0.00
UIIC230094144882151		215	1	Mohit Makkar	Self	Male	37	28-Mar-2025	300,000.00
UIIC230094144882152		215	2	Shilpa Makkar	Spouse	Female	33	28-Mar-2025	0.00
UIIC230094144882153		215	3	Jeyansh Makkar	Son	Male	2	28-Mar-2025	0.00
UIIC230094144882161		216	1	Satish Yadav	Self	Male	37	28-Mar-2025	300,000.00
UIIC230094144882162		216	2	Madhu Yadav	Spouse	Female	36	28-Mar-2025	0.00
UIIC230094144882163		216	3	Nikit Yadav	Son	Male	8	28-Mar-2025	0.00
UIIC230094144882164		216	4	Namisha Yadav	Daughter	Female	8	28-Mar-2025	0.00
UIIC230094144882171		217	1	Jayaprakash Kar	Self	Male	53	28-Mar-2025	300,000.00
UIIC230094144882174		217	4	Anushka Kar	Daughter	Female	12	28-Mar-2025	0.00
UIIC230094144882173		217	3	Anupam Kar	Son	Male	22	28-Mar-2025	0.00
UIIC230094144882172		217	2	Dipti Kar	Spouse	Female	49	28-Mar-2025	0.00
UIIC230094144882203		220	3	Dhwani J Nirmal	Daughter	Female	7	28-Mar-2025	0.00
UIIC230094144882202		220	2	Jyothi P	Spouse	Female	33	28-Mar-2025	0.00
UIIC230094144882201		220	1	Nirmal Kumar S	Self	Male	38	28-Mar-2025	300,000.00
UIIC230094144882204		220	4	Swasthi	Daughter	Female	2	28-Mar-2025	0.00
UIIC230094144882231		223	1	Sudheer Kumar Sharma	Self	Male	42	28-Mar-2025	300,000.00
UIIC230094144882232		223	2	Ira Sharma	Spouse	Female	38	28-Mar-2025	0.00
UIIC230094144882233		223	3	Aakshat	Son	Male	5	28-Mar-2025	0.00
UIIC230094144882234		223	4	Aanjaneya	Son	Male	5	28-Mar-2025	0.00
UIIC230094144882272		227	2	Reena Banerjee	Spouse	Female	57	28-Mar-2025	0.00
UIIC230094144882271		227	1	Rahul Banerjee	Self	Male	62	28-Mar-2025	300,000.00
UIIC230094144882301		230	1	Ghanshyam Sharma	Self	Male	46	28-Mar-2025	300,000.00
UIIC230094144882302		230	2	Anita Devi	Spouse	Female	42	28-Mar-2025	0.00
UIIC230094144882303		230	3	Bhumika Gautam	Daughter	Female	19	28-Mar-2025	0.00
UIIC230094144882304		230	4	Kartavya Gautam	Son	Male	19	28-Mar-2025	0.00

UIIC230094144882314		231	4	Divyansh Meena	Son	Male	11	28-Mar-2025	0.00
UIIC230094144882311		231	1	Namo Narayan Meena	Self	Male	41	28-Mar-2025	300,000.00
UIIC230094144882313		231	3	Priyanshi Meena	Daughter	Female	13	28-Mar-2025	0.00
UIIC230094144882312		231	2	Vimla Devi Meena	Spouse	Female	34	28-Mar-2025	0.00
UIIC230094144882321		232	1	Kamlesh Kumar Meena	Self	Male	34	28-Mar-2025	300,000.00
UIIC230094144882323		232	3	Dayashree	Daughter	Female	3	28-Mar-2025	0.00
UIIC230094144882322		232	2	Meenakshi Meena	Spouse	Female	27	28-Mar-2025	0.00
UIIC230094144882324		232	4	Ojaswa	Son	Male	1	28-Mar-2025	0.00
UIIC230094144882331		233	1	Sakshi Sharma	Self	Female	34	28-Mar-2025	300,000.00
UIIC230094144882332		233	2	Dilip	Spouse	Male	35	28-Mar-2025	0.00
UIIC230094144882342		234	2	Narendra Singh	Spouse	Male	48	28-Mar-2025	0.00
UIIC230094144882343		234	3	Hardyansh Singh Shekhawat	Son	Male	9	28-Mar-2025	0.00
UIIC230094144882341		234	1	Manju Kanwar	Self	Female	43	28-Mar-2025	300,000.00
UIIC230094144882364		236	4	Rohit Sharma	Son	Male	16	28-Mar-2025	0.00
UIIC230094144882363		236	3	Mohit Sharma	Son	Male	18	28-Mar-2025	0.00
UIIC230094144882362		236	2	Mamta Devi	Spouse	Female	35	28-Mar-2025	0.00
UIIC230094144882361		236	1	Prahlad Sharma	Self	Male	38	28-Mar-2025	300,000.00
UIIC230094144882392		239	2	Neha Rai	Spouse	Female	30	28-Mar-2025	0.00
UIIC230094144882394		239	4	Gauri Rai	Daughter	Female	1	28-Mar-2025	0.00
UIIC230094144882393		239	3	Nishtha Rai	Daughter	Female	4	28-Mar-2025	0.00
UIIC230094144882391		239	1	Chandan Rai	Self	Male	35	28-Mar-2025	300,000.00
UIIC230094144882443		244	3	Khushal Kumawat	Son	Male	12	28-Mar-2025	0.00
UIIC230094144882444		244	4	Priyanshi Kumawat	Daughter	Female	10	28-Mar-2025	0.00
UIIC230094144882441		244	1	Om Prakash Ratiwal	Self	Male	34	28-Mar-2025	300,000.00
UIIC230094144882442		244	2	Sunita Kumawat	Spouse	Female	34	28-Mar-2025	0.00
UIIC230094144882462		246	2	Hiral Harsh Trivedi	Spouse	Female	38	28-Mar-2025	0.00
UIIC230094144882463		246	3	Dhruvaa Harsh Trivedi	Son	Female	12	28-Mar-2025	0.00
UIIC230094144882461		246	1	Trivedi Harsh Chandrakant	Self	Male	41	28-Mar-2025	300,000.00
UIIC230094144882471		247	1	Payel Pal	Self	Female	39	28-Mar-2025	300,000.00
UIIC230094144882472		247	2	Ashutosh Kumar	Spouse	Male	48	28-Mar-2025	0.00
UIIC230094144882501		250	1	Gaurav Chatterjee	Self	Male	38	28-Mar-2025	300,000.00
UIIC230094144882502		250	2	Sakshi Chatterjee	Spouse	Female	35	28-Mar-2025	0.00
UIIC230094144882503		250	3	Atharv Chatterjee	Son	Male	6	28-Mar-2025	0.00
UIIC230094144882561		256	1	Ashish Bhardwaj	Self	Male	39	28-Mar-2025	300,000.00
UIIC230094144882562		256	2	Renu Bhardwaj	Spouse	Female	37	28-Mar-2025	0.00
UIIC230094144882563		256	3	Mahi Bhardwaj	Daughter	Female	9	28-Mar-2025	0.00
UIIC230094144882581		258	1	Anirudh Agarwal	Self	Male	34	28-Mar-2025	300,000.00

UIIC230094144882582		258	2	Surbhi Chhabra	Spouse	Female	31	28-Mar-2025	0.00
UIIC230094144882583		258	3	Nishtha Agarwal	Daughter	Female	1	28-Mar-2025	0.00
UIIC230094144882611		261	1	Akash Gupta	Self	Male	37	28-Mar-2025	300,000.00
UIIC230094144882612		261	2	Monica Tibrewal	Spouse	Female	37	28-Mar-2025	0.00
UIIC230094144882622		262	2	Vaishali Singh	Spouse	Female	38	28-Mar-2025	0.00
UIIC230094144882623		262	3	Ishita Raj	Daughter	Female	11	28-Mar-2025	0.00
UIIC230094144882624		262	4	Shivansh Raj	Son	Male	6	28-Mar-2025	0.00
UIIC230094144882621		262	1	Nikhil Raj	Self	Male	41	28-Mar-2025	300,000.00
UIIC230094144882644		264	4	Bihan Datta	Son	Male	5	28-Mar-2025	0.00
UIIC230094144882642		264	2	Sanchita Datta	Spouse	Female	35	28-Mar-2025	0.00
UIIC230094144882641		264	1	Aloke Datta	Self	Male	45	28-Mar-2025	300,000.00
UIIC230094144882643		264	3	Moitreya Datta	Son	Male	10	28-Mar-2025	0.00
UIIC230094144882661		266	1	Saurabh Kumar	Self	Male	36	28-Mar-2025	300,000.00
UIIC230094144882662		266	2	Priyanka Pallavi	Spouse	Female	33	28-Mar-2025	0.00
UIIC230094144882681		268	1	Sudipto Chowdhury	Self	Male	37	28-Mar-2025	300,000.00
UIIC230094144882702		270	2	Kartika Pathak	Spouse	Female	35	28-Mar-2025	0.00
UIIC230094144882701		270	1	Vikas Sharma	Self	Male	36	28-Mar-2025	300,000.00
UIIC230094144882703		270	3	Rudra Sharma	Son	Male	5	28-Mar-2025	0.00
UIIC230094144882712		271	2	Anjali Agnihotri	Spouse	Female	35	28-Mar-2025	0.00
UIIC230094144882711		271	1	Servesh Kumar Agnihotri	Self	Male	41	28-Mar-2025	300,000.00
UIIC230094144882713		271	3	Saanvi	Daughter	Female	5	28-Mar-2025	0.00
UIIC230094144882721		272	1	Varun Kumar Sharma	Self	Male	35	28-Mar-2025	300,000.00
UIIC230094144882722		272	2	Nidhi Sharma	Spouse	Female	33	28-Mar-2025	0.00
UIIC230094144882751		275	1	Dinesh Kumar Sharma	Self	Male	34	28-Mar-2025	300,000.00
UIIC230094144882752		275	2	Yashoda Sharma	Spouse	Female	32	28-Mar-2025	0.00
UIIC230094144882753		275	3	Kavya Sharma	Daughter	Female	10	28-Mar-2025	0.00
UIIC230094144882754		275	4	Dimple Sharma	Daughter	Female	10	28-Mar-2025	0.00
UIIC230094144882762		276	2	Alka Gupta	Spouse	Female	34	28-Mar-2025	0.00
UIIC230094144882763		276	3	Paridhi Mittal	Daughter	Female	1	28-Mar-2025	0.00
UIIC230094144882761		276	1	Manish Kumar Mittal	Self	Male	35	28-Mar-2025	300,000.00
UIIC230094144882771		277	1	Shivangee Singh	Self	Female	29	28-Mar-2025	300,000.00
UIIC230094144882772		277	2	Arpan Gupta	Spouse	Male	36	28-Mar-2025	0.00
UIIC230094144882792		279	2	Swati Verma	Spouse	Female	36	28-Mar-2025	0.00
UIIC230094144882793		279	3	Pratishtha Verma	Daughter	Female	12	28-Mar-2025	0.00
UIIC230094144882791		279	1	Bharat Verma	Self	Male	36	28-Mar-2025	300,000.00
UIIC230094144882794		279	4	Adhyav Verma	Son	Male	5	28-Mar-2025	0.00
UIIC230094144882812		281	2	Lakshmi Sharma	Spouse	Female	27	28-Mar-2025	0.00

UIIC230094144882813		281	3	Utkarsh Sharma	Son	Male	5	28-Mar-2025	0.00
UIIC230094144882811		281	1	Rahul Sharma	Self	Male	28	28-Mar-2025	300,000.00
UIIC230094144882831		283	1	Krishn Kant Chawla	Self	Male	36	28-Mar-2025	300,000.00
UIIC230094144882833		283	3	Devin Chawla	Daughter	Female	6	28-Mar-2025	0.00
UIIC230094144882832		283	2	Sanju Baswal	Spouse	Female	31	28-Mar-2025	0.00
UIIC230094144882842		284	2	Pooja Sharma	Spouse	Female	28	28-Mar-2025	0.00
UIIC230094144882841		284	1	Indraraj Sharma	Self	Male	28	28-Mar-2025	300,000.00
UIIC230094144882843		284	3	Bhavesh Sharma	Son	Male	6	28-Mar-2025	0.00
UIIC230094144882854		285	4	Paarth Shahi	Son	Male	2	28-Mar-2025	0.00
UIIC230094144882853		285	3	Yuvaan Shahi	Son	Male	6	28-Mar-2025	0.00
UIIC230094144882851		285	1	Kundan Singh Shahi	Self	Male	38	28-Mar-2025	300,000.00
UIIC230094144882852		285	2	Hema Rawat	Spouse	Female	28	28-Mar-2025	0.00
UIIC230094144882871		287	1	Mohit Gupta	Self	Male	40	28-Mar-2025	300,000.00
UIIC230094144882872		287	2	Sachita Gupta	Spouse	Female	39	28-Mar-2025	0.00
UIIC230094144882873		287	3	Jigyasa Gupta	Daughter	Female	5	28-Mar-2025	0.00
UIIC230094144882892		289	2	Krishnendu Kundu	Spouse	Male	35	28-Mar-2025	0.00
UIIC230094144882891		289	1	POULAMI DALAPATI	Self	Female	36	28-Mar-2025	300,000.00
UIIC230094144882931		293	1	Manish Tyagi	Self	Male	31	28-Mar-2025	300,000.00
UIIC230094144882932		293	2	Nidhi Tyagi	Spouse	Female	26	28-Mar-2025	0.00
UIIC230094144882933		293	3	Yatharth Tyagi	Son	Male	2	28-Mar-2025	0.00
UIIC230094144882944		294	4	Durjoy Ghosh	Son	Male	1	28-Mar-2025	0.00
UIIC230094144882941		294	1	Dishari Chaudhuri	Self	Female	38	28-Mar-2025	300,000.00
UIIC230094144882942		294	2	Pritam Ghosh	Spouse	Male	41	28-Mar-2025	0.00
UIIC230094144882943		294	3	Projaya Ghosh	Daughter	Female	1	28-Mar-2025	0.00
UIIC230094144882982		298	2	Angeera Choudhury	Spouse	Female	33	28-Mar-2025	0.00
UIIC230094144882981		298	1	Suvadeep Choudhury	Self	Male	37	28-Mar-2025	300,000.00
UIIC230094144883011		301	1	Harshvardhan Kumar	Self	Male	31	28-Mar-2025	300,000.00
UIIC230094144883012		301	2	Soellyna Menak Silaban	Spouse	Female	32	28-Mar-2025	0.00
UIIC230094144883031		303	1	Ratan Kumar Giri	Self	Male	34	28-Mar-2025	300,000.00
UIIC230094144883032		303	2	Shampa Bhowmik Giri	Spouse	Female	31	28-Mar-2025	0.00
UIIC230094144883071		307	1	Atul Mishra	Self	Male	36	28-Mar-2025	300,000.00
UIIC230094144883072		307	2	Tanushri Pandey	Spouse	Female	30	28-Mar-2025	0.00
UIIC230094144883091		309	1	Gopinath Samanta	Self	Male	39	28-Mar-2025	300,000.00
UIIC230094144883092		309	2	Moumita Poria	Spouse	Female	43	28-Mar-2025	0.00
UIIC230094144883093		309	3	Jagriti Samanta	Daughter	Female	7	28-Mar-2025	0.00
UIIC230094144883112		311	2	Priynaka Sharma	Spouse	Female	32	28-Mar-2025	0.00
UIIC230094144883113		311	3	Raghav Sharma	Son	Male	1	28-Mar-2025	0.00

UIIC230094144883111		311	1	Praveen Kumar Sharma	Self	Male	35	28-Mar-2025	300,000.00
UIIC230094144883141		314	1	Chirag Kumar	Self	Male	35	28-Mar-2025	300,000.00
UIIC230094144883171		317	1	Ranjeet Singh	Self	Male	34	28-Mar-2025	300,000.00
UIIC230094144883173		317	3	Dhaarvi Singh	Daughter	Female	4	28-Mar-2025	0.00
UIIC230094144883172		317	2	Kavita Kanwar	Spouse	Female	33	28-Mar-2025	0.00
UIIC230094144883182		318	2	Anita Pandey	Spouse	Female	65	28-Mar-2025	0.00
UIIC230094144883181		318	1	Sunil Pandey	Self	Male	71	28-Mar-2025	300,000.00
UIIC230094144883221		322	1	Chhitar Mal Prajapat	Self	Male	35	28-Mar-2025	300,000.00
UIIC230094144883222		322	2	Bhanwari Prajapat	Spouse	Female	31	28-Mar-2025	0.00
UIIC230094144883223		322	3	Vaidehi Prajapati	Daughter	Female	8	28-Mar-2025	0.00
UIIC230094144883241		324	1	Rahul Singhal	Self	Male	37	28-Mar-2025	300,000.00
UIIC230094144883261		326	1	Md Imran Alam	Self	Male	36	28-Mar-2025	300,000.00
UIIC230094144883262		326	2	Shahzadi Khatoon	Spouse	Female	32	28-Mar-2025	0.00
UIIC230094144883264		326	4	Mohammad Hammad	Son	Male	7	28-Mar-2025	0.00
UIIC230094144883263		326	3	Mohammad Umar	Son	Male	8	28-Mar-2025	0.00
UIIC230094144883291		329	1	Ashish Kumar Dwivedi	Self	Male	41	28-Mar-2025	300,000.00
UIIC230094144883293		329	3	Anushka Dwivedi	Daughter	Female	15	28-Mar-2025	0.00
UIIC230094144883292		329	2	Neelu Devi	Spouse	Female	38	28-Mar-2025	0.00
UIIC230094144883294		329	4	Anaya Dwivedi	Daughter	Female	7	28-Mar-2025	0.00
UIIC230094144883311		331	1	Ajay Naresh	Self	Male	38	28-Mar-2025	300,000.00
UIIC230094144883312		331	2	Priti Devi	Spouse	Female	34	28-Mar-2025	0.00
UIIC230094144883313		331	3	Asmit Prajapati	Son	Male	13	28-Mar-2025	0.00
UIIC230094144883314		331	4	Paridhi Prajapati	Daughter	Female	9	28-Mar-2025	0.00
UIIC230094144883321		332	1	Sheenu Jain	Self	Female	43	28-Mar-2025	300,000.00
UIIC230094144883322		332	2	Abhay John	Spouse	Male	41	28-Mar-2025	0.00
UIIC230094144883323		332	3	Tosheen John	Daughter	Female	11	28-Mar-2025	0.00
UIIC230094144883331		333	1	Devendra Chaudhari	Self	Male	51	28-Mar-2025	300,000.00
UIIC230094144883332		333	2	Shilpa Chaudhari	Spouse	Female	46	28-Mar-2025	0.00
UIIC230094144883333		333	3	Hemal Chaudhari	Daughter	Female	21	28-Mar-2025	0.00
UIIC230094144883334		333	4	Vimarsh Chaudhari	Son	Male	7	28-Mar-2025	0.00
UIIC230094144883341		334	1	Rohit Rana	Self	Male	34	28-Mar-2025	300,000.00
UIIC230094144883343		334	3	Prisha	Daughter	Female	6	28-Mar-2025	0.00
UIIC230094144883342		334	2	Neelam	Spouse	Female	33	28-Mar-2025	0.00
UIIC230094144883351		335	1	Bhawani Shankar Sharma	Self	Male	33	28-Mar-2025	300,000.00
UIIC230094144883362		336	2	Geeta Sharma	Spouse	Female	35	28-Mar-2025	0.00
UIIC230094144883363		336	3	Sachin Sharma	Son	Male	16	28-Mar-2025	0.00
UIIC230094144883361		336	1	Ghanshyam Sharma	Self	Male	36	28-Mar-2025	300,000.00

UIIC230094144883364		336	4	Akshita Sharma	Daughter	Female	14	28-Mar-2025	0.00
UIIC230094144883371		337	1	Rajesh Meena	Self	Male	39	28-Mar-2025	300,000.00
UIIC230094144883373		337	3	Chandramohan Meena	Son	Male	11	28-Mar-2025	0.00
UIIC230094144883372		337	2	Raju Devi	Spouse	Female	35	28-Mar-2025	0.00
UIIC230094144883374		337	4	Vishnuraj Meena	Son	Male	12	28-Mar-2025	0.00
UIIC23009414488344		34	4	Raghav Sharma	Son	Male	12	28-Mar-2025	0.00
UIIC23009414488343		34	3	Anjali Sharma	Daughter	Female	16	28-Mar-2025	0.00
UIIC23009414488342		34	2	Suman Sharma	Spouse	Female	36	28-Mar-2025	0.00
UIIC23009414488341		34	1	Ram Swaroop Sharma	Self	Male	43	28-Mar-2025	300,000.00
UIIC230094144883402		340	2	Nandini Dilip Ghag	Spouse	Female	38	28-Mar-2025	0.00
UIIC230094144883401		340	1	Ashish Mishra	Self	Male	39	28-Mar-2025	300,000.00
UIIC230094144883412		341	2	Deepika Sharma	Spouse	Female	32	28-Mar-2025	0.00
UIIC230094144883411		341	1	Nitesh Pradhan	Self	Male	33	28-Mar-2025	300,000.00
UIIC230094144883413		341	3	Bhavik Pradhan	Son	Male	6	28-Mar-2025	0.00
UIIC230094144883421		342	1	Ritesh Bhardwaj	Self	Male	34	28-Mar-2025	300,000.00
UIIC230094144883431		343	1	Navneet Garg	Self	Male	34	28-Mar-2025	300,000.00
UIIC230094144883432		343	2	Tanya Garg	Spouse	Female	27	28-Mar-2025	0.00
UIIC230094144883441		344	1	Lal Upendra Pratap Singh	Self	Male	32	28-Mar-2025	300,000.00
UIIC230094144883442		344	2	Priya Singh	Spouse	Female	32	28-Mar-2025	0.00
UIIC230094144883451		345	1	Jeet Ghosh	Self	Male	35	28-Mar-2025	300,000.00
UIIC230094144883472		347	2	Pukhali Kumawat	Spouse	Female	35	28-Mar-2025	0.00
UIIC230094144883471		347	1	Harish Chandra Kumawat	Self	Male	36	28-Mar-2025	300,000.00
UIIC230094144883473		347	3	Jayesh Kumawat	Son	Male	10	28-Mar-2025	0.00
UIIC230094144883474		347	4	Kartik Kumawat	Son	Male	0	28-Mar-2025	0.00
UIIC230094144883511		351	1	Abhijit Adhikari	Self	Male	37	28-Mar-2025	300,000.00
UIIC230094144883512		351	2	Shreya Mallik	Spouse	Female	35	28-Mar-2025	0.00
UIIC230094144883513		351	3	Agnibesh Adhikari	Son	Male	2	28-Mar-2025	0.00
UIIC230094144883551		355	1	Shailza Gotra	Self	Female	29	28-Mar-2025	300,000.00
UIIC230094144883552		355	2	Shivdeep Singh	Spouse	Male	32	28-Mar-2025	0.00
UIIC230094144883601		360	1	Durga Prasad Mishra	Self	Male	36	28-Mar-2025	300,000.00
UIIC230094144883603		360	3	Sriram Mishra	Son	Male	2	28-Mar-2025	0.00
UIIC230094144883602		360	2	Anisha Mohapatra	Spouse	Female	28	28-Mar-2025	0.00
UIIC230094144883611		361	1	Swati Sharma	Self	Male	38	28-Mar-2025	300,000.00
UIIC230094144883613		361	3	Vivaan Sharma	Son	Male	6	28-Mar-2025	0.00
UIIC230094144883612		361	2	Prateek Sharma	Spouse	Female	39	28-Mar-2025	0.00
UIIC230094144883632		363	2	Arpita Basu Giri	Spouse	Female	28	28-Mar-2025	0.00
UIIC230094144883633		363	3	Krishiv Giri	Son	Male	1	28-Mar-2025	0.00

UIIC230094144883631		363	1	Subham Giri	Self	Male	29	28-Mar-2025	300,000.00
UIIC230094144883641		364	1	Vaibhav Kumar Gupta	Self	Male	39	28-Mar-2025	300,000.00
UIIC230094144883643		364	3	Prabhav Gupta	Son	Male	0	28-Mar-2025	0.00
UIIC230094144883642		364	2	Priyanka Gupta	Spouse	Female	34	28-Mar-2025	0.00
UIIC230094144883651		365	1	Parag Somani	Self	Male	36	28-Mar-2025	300,000.00
UIIC230094144883652		365	2	Seema Somani	Spouse	Female	34	28-Mar-2025	0.00
UIIC230094144883653		365	3	Anwit Somani	Son	Male	5	28-Mar-2025	0.00
UIIC230094144883654		365	4	Adhistha Maheshwari	Daughter	Female	4	28-Mar-2025	0.00
UIIC230094144883661		366	1	Vishal Sharma	Self	Male	25	28-Mar-2025	300,000.00
UIIC230094144883662		366	2	Monika Sharma	Spouse	Female	19	28-Mar-2025	0.00
UIIC230094144883681		368	1	Lal Chand	Self	Male	38	28-Mar-2025	300,000.00
UIIC230094144883682		368	2	Jaga Devi	Spouse	Female	34	28-Mar-2025	0.00
UIIC230094144883683		368	3	Prachi Daniya	Daughter	Female	14	28-Mar-2025	0.00
UIIC230094144883684		368	4	Prateek Daniya	Son	Male	10	28-Mar-2025	0.00
UIIC230094144883691		369	1	Pawan Kumar Paras	Self	Male	52	28-Mar-2025	300,000.00
UIIC230094144883692		369	2	Shashi Sharma	Spouse	Female	52	28-Mar-2025	0.00
UIIC23009414488371		37	1	Ashok Kumar Salecha	Self	Male	55	28-Mar-2025	300,000.00
UIIC23009414488372		37	2	Pratibha	Spouse	Female	52	28-Mar-2025	0.00
UIIC23009414488373		37	3	Urvi	Daughter	Female	20	28-Mar-2025	0.00
UIIC230094144883703		370	3	Kaushiki Kar	Daughter	Female	4	28-Mar-2025	0.00
UIIC230094144883702		370	2	Amrita Kar	Spouse	Female	37	28-Mar-2025	0.00
UIIC230094144883701		370	1	Nikunja Bihari Kar	Self	Male	37	28-Mar-2025	300,000.00
UIIC230094144883752		375	2	Hemlata	Spouse	Female	30	28-Mar-2025	0.00
UIIC230094144883751		375	1	Prateek Rathore	Self	Male	36	28-Mar-2025	300,000.00
UIIC230094144883782		378	2	Priya Raj	Spouse	Female	34	28-Mar-2025	0.00
UIIC230094144883783		378	3	Shreya Kumawat	Daughter	Female	12	28-Mar-2025	0.00
UIIC230094144883784		378	4	Christy Kumawat	Daughter	Female	9	28-Mar-2025	0.00
UIIC230094144883781		378	1	Gajendra Kumawat	Self	Male	34	28-Mar-2025	300,000.00
UIIC230094144883791		379	1	Nikhil Sharma	Self	Male	31	28-Mar-2025	300,000.00
UIIC230094144883802		380	2	Neha Jain	Spouse	Female	27	28-Mar-2025	0.00
UIIC230094144883803		380	3	Ayansh Jain	Son	Male	2	28-Mar-2025	0.00
UIIC230094144883801		380	1	Abhishek Jain	Self	Male	29	28-Mar-2025	300,000.00
UIIC230094144883811		381	1	Vipin Kumar Bansal	Self	Male	29	28-Mar-2025	300,000.00
UIIC230094144883813		381	3	Suvi Bansal	Daughter	Female	4	28-Mar-2025	0.00
UIIC230094144883812		381	2	Deepika	Spouse	Female	25	28-Mar-2025	0.00
UIIC230094144883852		385	2	Nibedita Lenka	Spouse	Female	60	28-Mar-2025	0.00
UIIC230094144883851		385	1	Sarada Prasanna Samantaray	Self	Male	59	28-Mar-2025	300,000.00

UIIC230094144883881		388	1	Anubhav Shivhare	Self	Male	32	28-Mar-2025	300,000.00
UIIC230094144883882		388	2	Shivani Shivhare	Spouse	Female	28	28-Mar-2025	0.00
UIIC230094144883883		388	3	Shreevi Shivhare	Daughter	Female	1	28-Mar-2025	0.00
UIIC230094144883891		389	1	Gurinder Singh	Self	Male	32	28-Mar-2025	300,000.00
UIIC230094144883902		390	2	Ashok Kumar	Spouse	Male	44	28-Mar-2025	0.00
UIIC230094144883903		390	3	Yatharth Ola	Son	Male	16	28-Mar-2025	0.00
UIIC230094144883904		390	4	Aviyana Choudhary	Daughter	Female	10	28-Mar-2025	0.00
UIIC230094144883901		390	1	Jyotsna Choudhary	Self	Female	43	28-Mar-2025	300,000.00
UIIC230094144883912		391	2	Varsha Rajendra Patil	Spouse	Female	29	28-Mar-2025	0.00
UIIC230094144883911		391	1	Rajendra Shivaji Patil	Self	Male	38	28-Mar-2025	300,000.00
UIIC230094144883914		391	4	Sanvi Rajendra Patil	Daughter	Female	4	28-Mar-2025	0.00
UIIC230094144883913		391	3	Ritika Rajendra Patil	Daughter	Female	8	28-Mar-2025	0.00
UIIC230094144883922		392	2	Arti Jha	Spouse	Female	27	28-Mar-2025	0.00
UIIC230094144883921		392	1	Ankit Jha	Self	Male	30	28-Mar-2025	300,000.00
UIIC230094144883941		394	1	Soumik Bhaduri	Self	Male	47	28-Mar-2025	300,000.00
UIIC230094144883942		394	2	Summauli Bhaduri	Spouse	Female	46	28-Mar-2025	0.00
UIIC230094144883943		394	3	Ritrish Bhaduri	Son	Male	19	28-Mar-2025	0.00
UIIC230094144883951		395	1	Monika Jain	Self	Female	32	28-Mar-2025	300,000.00
UIIC230094144883973		397	3	Nitara Singh	Daughter	Female	5	28-Mar-2025	0.00
UIIC230094144883971		397	1	Manoj Kumar	Self	Male	33	28-Mar-2025	300,000.00
UIIC230094144883972		397	2	Chandini Sengar	Spouse	Female	35	28-Mar-2025	0.00
UIIC230094144883981		398	1	Rahul Sharma	Self	Male	35	28-Mar-2025	300,000.00
UIIC230094144883983		398	3	Aadyansh Sharma	Son	Male	6	28-Mar-2025	0.00
UIIC230094144883982		398	2	Ankita Sharma	Spouse	Female	32	28-Mar-2025	0.00
UIIC23009414488401		40	1	Nahar Singh	Self	Male	44	28-Mar-2025	300,000.00
UIIC23009414488403		40	3	Ajay Choudhary	Son	Male	22	28-Mar-2025	0.00
UIIC23009414488402		40	2	Kamlesh	Spouse	Female	45	28-Mar-2025	0.00
UIIC230094144884002		400	2	Anjana Mukul	Spouse	Female	38	28-Mar-2025	0.00
UIIC230094144884003		400	3	Lavith Narayan Thakur	Son	Male	5	28-Mar-2025	0.00
UIIC230094144884001		400	1	Rajesh Ranjan	Self	Male	39	28-Mar-2025	300,000.00
UIIC230094144884011		401	1	Gaurav Verma	Self	Male	39	28-Mar-2025	300,000.00
UIIC230094144884013		401	3	Prakhya Verma	Daughter	Female	9	28-Mar-2025	0.00
UIIC230094144884012		401	2	Lochana Singh	Spouse	Female	35	28-Mar-2025	0.00
UIIC230094144884032		403	2	Rupal Gupta	Spouse	Female	33	28-Mar-2025	0.00
UIIC230094144884031		403	1	Pushpendra Gupta	Self	Male	35	28-Mar-2025	300,000.00
UIIC230094144884041		404	1	Saurav Sharma	Self	Male	27	28-Mar-2025	300,000.00
UIIC230094144884051		405	1	Richa Priyadarshani	Self	Female	36	28-Mar-2025	300,000.00

UIIC230094144884052		405	2	Vikas Kumar	Spouse	Male	39	28-Mar-2025	0.00
UIIC230094144884053		405	3	Jishnu Ojha	Son	Male	4	28-Mar-2025	0.00
UIIC230094144884054		405	4	Hrishika Ojha	Daughter	Female	1	28-Mar-2025	0.00
UIIC230094144884061		406	1	Nishant Gupta	Self	Male	31	28-Mar-2025	300,000.00
UIIC230094144884062		406	2	Amina Girdher	Spouse	Female	32	28-Mar-2025	0.00
UIIC230094144884073		407	3	Rhythm Agarwal	Son	Male	23	28-Mar-2025	0.00
UIIC230094144884071		407	1	Pavan Agarwal	Self	Male	53	28-Mar-2025	300,000.00
UIIC230094144884072		407	2	Mridula Agarwal	Spouse	Female	51	28-Mar-2025	0.00
UIIC230094144884093		409	3	Avanti Jangid	Daughter	Female	2	28-Mar-2025	0.00
UIIC230094144884092		409	2	Nishu Jangid	Spouse	Female	28	28-Mar-2025	0.00
UIIC230094144884091		409	1	Ashish Jangid	Self	Male	31	28-Mar-2025	300,000.00
UIIC230094144884114		411	4	Chhayank Sharma	Son	Male	2	28-Mar-2025	0.00
UIIC230094144884113		411	3	Vihaan Sharma	Son	Male	6	28-Mar-2025	0.00
UIIC230094144884111		411	1	Mukesh Kumar Bhardwaj	Self	Male	35	28-Mar-2025	300,000.00
UIIC230094144884112		411	2	Megha Sharma	Spouse	Female	29	28-Mar-2025	0.00
UIIC230094144884124		412	4	Shikhar Sinha	Son	Male	9	28-Mar-2025	0.00
UIIC230094144884123		412	3	Swapnil Sinha	Son	Male	16	28-Mar-2025	0.00
UIIC230094144884122		412	2	Smita Sinha	Spouse	Female	48	28-Mar-2025	0.00
UIIC230094144884121		412	1	Sudhanshu K Sinha	Self	Male	49	28-Mar-2025	300,000.00
UIIC230094144884142		414	2	Bharti Saxena	Spouse	Female	59	28-Mar-2025	0.00
UIIC230094144884141		414	1	Sandeep Kumar Saxena	Self	Male	60	28-Mar-2025	300,000.00
UIIC230094144884152		415	2	Diksha Chaudhary	Spouse	Female	30	28-Mar-2025	0.00
UIIC230094144884151		415	1	Raghuveer Singh Chaudhary	Self	Male	30	28-Mar-2025	300,000.00
UIIC230094144884161		416	1	Aman Bhatia	Self	Male	38	28-Mar-2025	300,000.00
UIIC230094144884172		417	2	Pragati dash	Spouse	Female	50	28-Mar-2025	0.00
UIIC230094144884171		417	1	Saroj Kumar Dash	Self	Male	57	28-Mar-2025	300,000.00
UIIC230094144884173		417	3	Shreeya Dash	Daughter	Female	21	28-Mar-2025	0.00
UIIC230094144884181		418	1	Priyanka Gupta	Self	Female	33	28-Mar-2025	300,000.00
UIIC230094144884194		419	4	Mohammad Arslan	Son	Male	1	28-Mar-2025	0.00
UIIC230094144884193		419	3	Shabreen praveen	Daughter	Female	3	28-Mar-2025	0.00
UIIC230094144884192		419	2	Shahzadi Khatoon	Spouse	Female	24	28-Mar-2025	0.00
UIIC230094144884191		419	1	Md Hatim	Self	Male	26	28-Mar-2025	300,000.00
UIIC23009414488421		42	1	Devaram Rabari	Self	Male	48	28-Mar-2025	300,000.00
UIIC23009414488424		42	4	Diksha Dewasi	Daughter	Female	19	28-Mar-2025	0.00
UIIC23009414488423		42	3	Suman Dewasi	Daughter	Female	16	28-Mar-2025	0.00
UIIC23009414488422		42	2	Soni Devi Rebari	Spouse	Female	40	28-Mar-2025	0.00
UIIC230094144884222		422	2	Sugana Kholiya	Spouse	Female	31	28-Mar-2025	0.00

UIIC230094144884221		422	1	Vishnu Kumar Jabdoliya	Self	Male	31	28-Mar-2025	300,000.00
UIIC230094144884224		422	4	Vansh Kumar Jabdoliya	Son	Male	7	28-Mar-2025	0.00
UIIC230094144884223		422	3	Rishika Kumari	Daughter	Female	9	28-Mar-2025	0.00
UIIC230094144884241		424	1	Lakshman Singh Dhaked	Self	Male	32	28-Mar-2025	300,000.00
UIIC230094144884243		424	3	Pralav Dhakad	Son	Male	2	28-Mar-2025	0.00
UIIC230094144884242		424	2	Devki Dhakad	Spouse	Female	29	28-Mar-2025	0.00
UIIC230094144884253		425	3	Shivansh Setia	Son	Male	7	28-Mar-2025	0.00
UIIC230094144884251		425	1	Sushil Kumar	Self	Male	38	28-Mar-2025	300,000.00
UIIC230094144884252		425	2	Muskaan Arora	Spouse	Female	40	28-Mar-2025	0.00
UIIC230094144884351		435	1	Vipin Sain	Self	Male	48	28-Mar-2025	300,000.00
UIIC23009414488471		47	1	Ajit Patel	Self	Male	48	28-Mar-2025	300,000.00
UIIC23009414488472		47	2	Lipika Patel	Spouse	Female	38	28-Mar-2025	0.00
UIIC23009414488473		47	3	Anish Patel	Son	Male	9	28-Mar-2025	0.00
UIIC23009414488501		50	1	Raghuveer Singh Charan	Self	Male	48	28-Mar-2025	300,000.00
UIIC23009414488502		50	2	Madhubala	Spouse	Female	44	28-Mar-2025	0.00
UIIC23009414488503		50	3	Bhavishy	Son	Male	15	28-Mar-2025	0.00
UIIC23009414488511		51	1	Rajbala Singh	Self	Female	46	28-Mar-2025	300,000.00
UIIC23009414488512		51	2	Swastik Kumar	Son	Male	17	28-Mar-2025	0.00
UIIC23009414488513		51	3	Sumit Kumar	Spouse	Male	46	28-Mar-2025	0.00
UIIC23009414488533		53	3	Rishita Debnath	Daughter	Female	1	28-Mar-2025	0.00
UIIC23009414488541		54	1	Raj Singh Solanki	Self	Male	41	28-Mar-2025	300,000.00
UIIC23009414488542		54	2	Shalu	Spouse	Female	40	28-Mar-2025	0.00
UIIC23009414488543		54	3	Yuvraaj Singh Solanki	Son	Male	9	28-Mar-2025	0.00
UIIC23009414488562		56	2	Ritambhara Sarkar	Spouse	Female	42	28-Mar-2025	0.00
UIIC23009414488561		56	1	Soumitra Debnath	Self	Male	45	28-Mar-2025	300,000.00
UIIC23009414488571		57	1	Somnath Biswas	Self	Male	48	28-Mar-2025	300,000.00
UIIC23009414488572		57	2	Moutuli Biswas	Spouse	Female	44	28-Mar-2025	0.00
UIIC23009414488573		57	3	Sarmistha Biswas	Daughter	Female	18	28-Mar-2025	0.00
UIIC23009414488574		57	4	Sritama Biswas	Daughter	Female	16	28-Mar-2025	0.00
UIIC23009414488583		58	3	Arnesh Biswas	Son	Male	13	28-Mar-2025	0.00
UIIC23009414488581		58	1	Subhayan Biswas	Self	Male	53	28-Mar-2025	300,000.00
UIIC23009414488582		58	2	Arpi Majumder	Spouse	Female	46	28-Mar-2025	0.00
UIIC23009414488621		62	1	Subrat Kumar Dash	Self	Male	44	28-Mar-2025	300,000.00
UIIC23009414488622		62	2	Preetisudha Tripathy	Spouse	Female	37	28-Mar-2025	0.00
UIIC23009414488623		62	3	Ojaswi Dash	Daughter	Female	10	28-Mar-2025	0.00
UIIC23009414488641		64	1	Kamta Sharma	Self	Male	52	28-Mar-2025	300,000.00
UIIC23009414488642		64	2	Lakshmi Sharma	Spouse	Female	47	28-Mar-2025	0.00

UIIC23009414488644		64	4	Kushal Sharma	Son	Male	10	28-Mar-2025	0.00
UIIC23009414488643		64	3	Amritansh Sharma	Son	Male	18	28-Mar-2025	0.00
UIIC23009414488682		68	2	Jaya Singh	Spouse	Female	56	28-Mar-2025	0.00
UIIC23009414488681		68	1	Anupam Singh	Self	Male	57	28-Mar-2025	300,000.00
UIIC23009414488683		68	3	Anubhav Singh	Son	Male	27	28-Mar-2025	0.00
UIIC23009414488772		77	2	Antima Sharma	Spouse	Female	38	28-Mar-2025	0.00
UIIC23009414488771		77	1	Giriraj Sharma	Self	Male	39	28-Mar-2025	300,000.00
UIIC23009414488782		78	2	Priti Saxena	Spouse	Female	47	28-Mar-2025	0.00
UIIC23009414488781		78	1	Rajeev Saxena	Self	Male	50	28-Mar-2025	300,000.00
UIIC23009414488783		78	3	Paridhi Saxena	Daughter	Female	12	28-Mar-2025	0.00
UIIC23009414488784		78	4	Mehul Saxena	Son	Male	8	28-Mar-2025	0.00
UIIC23009414488791		79	1	Samar Singh	Self	Male	50	28-Mar-2025	300,000.00
UIIC23009414488792		79	2	Jyoti	Spouse	Female	40	28-Mar-2025	0.00
UIIC23009414488793		79	3	Vashnavi Singh	Daughter	Female	9	28-Mar-2025	0.00
UIIC23009414488794		79	4	Vijyant Singh	Son	Male	7	28-Mar-2025	0.00
UIIC23009414488801		80	1	Vikas Gupta	Self	Male	44	28-Mar-2025	300,000.00
UIIC23009414488802		80	2	Pratibha Garg	Spouse	Female	45	28-Mar-2025	0.00
UIIC23009414488803		80	3	Tejas Gupta	Son	Male	12	28-Mar-2025	0.00
UIIC23009414488841		84	1	Sandeep Saini	Self	Male	37	28-Mar-2025	300,000.00
UIIC23009414488842		84	2	Manpreet Kaur	Spouse	Female	34	28-Mar-2025	0.00
UIIC23009414488844		84	4	Riddhit Saini	Son	Male	1	28-Mar-2025	0.00
UIIC23009414488843		84	3	Dhriti Saini	Daughter	Female	9	28-Mar-2025	0.00
UIIC23009414488852		85	2	P.C. Sunny	Spouse	Male	60	28-Mar-2025	0.00
UIIC23009414488851		85	1	Suni Thomas	Self	Female	51	28-Mar-2025	300,000.00
UIIC23009414488853		85	3	Jeswin Sunny	Son	Male	20	28-Mar-2025	0.00
UIIC23009414488954		95	4	VANSH VERMA	Son	Male	15	28-Mar-2025	0.00
UIIC23009414488951		95	1	Ramkishor Bunker	Self	Male	42	28-Mar-2025	300,000.00
UIIC23009414488952		95	2	Mamta Devi	Spouse	Female	38	28-Mar-2025	0.00
UIIC23009414488953		95	3	AACHU VERMA	Daughter	Female	17	28-Mar-2025	0.00
UIIC23009414488961		96	1	Vijay kumar yadav	Self	Male	41	28-Mar-2025	300,000.00
UIIC23009414488962		96	2	Sunita devi	Spouse	Female	36	28-Mar-2025	0.00
UIIC23009414488963		96	3	Sanjana yadav	Daughter	Female	15	28-Mar-2025	0.00
UIIC23009414488964		96	4	Daya shankar yadav	Son	Male	13	28-Mar-2025	0.00
UIIC23009414488974		97	4	Rudransh Sharma	Son	Male	4	28-Mar-2025	0.00
UIIC23009414488971		97	1	Virendra Kumar Mudgal	Self	Male	36	28-Mar-2025	300,000.00
UIIC23009414488972		97	2	Pankesh Sharma	Spouse	Female	35	28-Mar-2025	0.00
UIIC23009414488973		97	3	Harshita Mudgal	Daughter	Female	10	28-Mar-2025	0.00

UIIC23009414488991		99	1	Vikas Bajpai	Self	Male	37	28-Mar-2025	300,000.00
UIIC23009414488992		99	2	Anukriti Bansal	Spouse	Female	37	28-Mar-2025	0.00

UNITED INDIA INSURANCE COMPANY LIMITED
REGD.& HEAD OFFICE : No.24, WHITES ROAD, CHENNAI-600014

Uni Group Health Insurance Policy

UIN:

Policy Terms and Conditions

I. **Preamble & Operating Clause**

This is a legal contract between the Policyholder and Us to provide the insurance cover detailed in the Policy to the Insured Persons up to the Sum Insured subject to

i. the receipt of full premium,

ii. disclosure to information norm including the information provided in the Proposal Form or the Request for Quote (RFQ) by the Proposer or by his/ her authorized Intermediary on behalf of him/her-self and all persons to be insured which is incorporated in the policy and is the basis of it; and

iii. the terms, conditions and exclusions of this Policy.

If during the policy period one or more Insured Person (s) is required to be hospitalised for treatment of an Illness or Injury at a Hospital/Day Care Centre, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify the medically necessary and Reasonable and Customary expenses towards the Coverage mentioned in the policy schedule.

Provided further that, any amount payable under the policy shall be subject to the terms of coverage (including any co-pay, sub limits), exclusions, conditions and definitions contained herein. The maximum liability of the Company under all such Claims during each Policy Year shall be the Sum Insured opted as specified in the Schedule.

II. **DEFINITIONS**

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

A .Standard Definitions

1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Any one illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
3. **AYUSH Day Care Centre** means and includes Community Health Care Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
   i. Having qualified registered AYUSH Medical Practitioner (s) in charge;
   ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
   iii. Maintaining daily records of the patients and making them accessible to the insurance Companyâ€™s authorized representative.
4. a. Having at least 5 in-patient beds;
   b. Having qualified AYUSH Medical Practitioner in charge round the clock;
   c. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
5. **Cashless facility** means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured Person in accordance with the policy terms and conditions, are directly made to the network provider by the Insurer to the extent pre-authorisation is approved.
6. **Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.
7. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
   a.i. **Internal Congenital Anomaly** – Congenital anomaly which is not in the visible and accessible parts of the body.
   a.ii. **External Congenital Anomaly** – Congenital anomaly which is in the visible and accessible parts of the body.
8. **Co-Payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/ insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
9. **Day Care Centre** means any institution established for day care treatment of illness and / or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under-
   20.i) has qualified nursing staff under its employment;
   20.ii) has qualified medical practitioner/s in charge;
   20.iii) has fully equipped operation theatre of its own where surgical procedures are carried out;
   20.iv) Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
10. **Day Care Treatment** means medical treatment, and/or surgical procedure which is:
    i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and
    ii. which would have otherwise required a hospitalisation of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.
11. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
12. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
13. **Domiciliary Hospitalisation** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
    32.a.the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
    32.b.the patient takes treatment at home on account of non-availability of room in a hospital.
14. **Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long-term impairment of the insured person's health.
15. **Grace Period** means the specified period of time immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.
16. **Hospital** means any institution established for in- patient care and day care treatment of illness and/or injuries and which has been

registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act or complies with all minimum criteria as under:

35.i.i) has qualified nursing staff under its employment round the clock;

35.i.ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

1.i.iii) has qualified medical practitioner(s) in charge round the clock;

1.i.iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;

1.i.v) Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

17. **Hospitalisation** means admission in a Hospital for a minimum period of 24 consecutive '*In-patient Care*' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
18. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
    1. **Acute condition**- Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery
    2. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
    i..i. it needs on going or long-term monitoring through consultations, examinations, check-ups, and/ or tests.
    i..ii. it needs on going or long-term control or relief of symptoms
    i..iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it.
    i..iv. it continues indefinitely
    i..v. it recurs or is likely to recur
19. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
20. **Inpatient Care** means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.
21. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
22. **ICU Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
23. **Maternity expenses** means:
    49.i.iii.a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation);
    49.i.iii.b) expenses towards lawful medical termination of pregnancy during the Policy period.
24. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
25. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
26. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
27. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which:
    i. is required for the medical management of the illness or injury suffered by the insured;
    ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
    iii. must have been prescribed by a medical practitioner;
    iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
28. **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
29. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured by a cashless facility.
30. **Non-Network Provider** means any hospital, day care centre or other provider that is not part of the network.
31. **New Born Baby** means baby born during the Policy period and is aged up to 90 days.
32. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
33. **OPD treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
34. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.
35. **Pre-Existing Disease (PED)** means any condition, ailment, injury, or disease:
    i. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the Insurer or its reinstatement or
    ii. For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy issued by the Insurer or its reinstatement.
36. **Pre-hospitalisation Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalisation of the Insured Person, provided that:
    i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
    ii. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.
37. **Post-hospitalisation Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
    61.i.i. Such Medical Expenses are for the same condition for which the insured person's hospitalisation was required, and
    61.i.ii. The inpatient hospitalisation claim for such hospitalisation is admissible by the insurance company.
38. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
39. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
40. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
41. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
42. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care Centre by a *medical practitioner*.
43. **Unproven/Experimental Treatment** means the treatment, including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

B.Specific Definitions

1. **Age or Aged** means age of the Insured Person on last birthday as on date of commencement of the Policy.
2. **Alternative Treatments** are forms of Treatments other than "Allopathy","AYUSH" or "modern medicine".
3. **Annexure** means a document attached and marked as Annexure to this Policy.
4. **Ambulance** means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical Treatment of the person requiring medical attention.
5. **Associated Medical Expenses** means hospitalisation related expenses on Surgeon, Anesthetist, Medical Practitioner, Consultants and Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital; Anesthesia, blood, oxygen, operation theatre charges, surgical appliances and such other similar expenses with the exception of:
   a. cost of pharmacy and consumables medicines
   b. cost of implants/medical devices
   c. cost of diagnostics

   The scope of this definition is limited to admissible claims where a proportionate deduction is applicable, as per Note 1 of Clause III.A.1.
6. **AYUSH Treatment** means hospitalisation treatment given under Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy systems.
7. **Benefit** means any benefit shown in the Policy Schedule and/or Certificate of Insurance.
8. **Base Sum Insured** means the Sum Insured for the Base Cover as specified in the Policy Schedule and/or Certificate of Insurance.
9. **Break in Policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
10. **Certificate of Insurance** means the certificate We issue to the Insured Person outlining the Insured Person's cover under the Policy.
11. **Clinical Psychologist** means a personâ€" (i) having a recognised qualification in Clinical Psychology from an institution approved and recognised, by the Rehabilitation Council of India, constituted under section 3 of the Rehabilitation Council of India Act, 1992 (34 of 1992); or (ii) having a Post-Graduate degree in Psychology or Clinical Psychology or Applied Psychology and a Master of Philosophy in Clinical Psychology or Medical and Social Psychology obtained after completion of a full-time course of two years which includes supervised clinical training from any University recognised by the University Grants Commission established under the University Grants Commission Act, 1956 (3 of 1956) and approved and recognised by the Rehabilitation Council of India Act, 1992 (34 of 1992) or such recognised qualifications as may be prescribed.
12. **Co-Morbidity** is the presence of one or more additional conditions co-occurring with a primary condition; in the countable sense of the term, a comorbidity is each additional condition.
13. **Cosmetic Surgery** means Surgery or medical Treatment that modifies, improves, restores or maintains normal appearance of a physical feature, irregularity, or defect.
14. **Dentist** means a dentist, dental surgeon or dental practitioner who is registered or licensed as such under the laws of the country, state or other regulated area in which the Treatment is provided.
15. **Effective Date** means the date shown on the Certificate of Insurance on which the Insured Person was first included under the Policy.
16. **Eligibility** means the provisions of the Policy that state the requirements to be complied with.
17. **Employee** means any member of Your staff who is proposed and sponsored by You and who becomes an Insured Person under this Policy.
18. **Emergency** shall mean a serious medical condition or symptom resulting from Injury or sickness which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilization at which time this medical condition or symptom is not considered an emergency anymore.
19. **Exclusions** mean specified coverage, hazards, services, conditions, and the like that are not provided for (covered) under a particular health insurance contract.
20. **Home nursing** is arranged by the Hospital for a Qualified Nurse to visit the patient's home to give expert nursing services immediately after Hospital Treatment for as long as is required by medical necessity, visits for as long as is required by medical necessity for Treatment which would normally be provided in a Hospital. In either case, the Specialist who treated the patient must have recommended these services.
21. **Inception Date** means the inception date of this Policy as specified in the Policy Schedule or Certificate of Insurance when the coverage under the Policy commences.
22. **In-patient** means an Employee/ Member or Dependent who is admitted to a Hospital and stays for at least 24 hours for the sole purpose of receiving Treatment.
23. **Insured Person** means the Employee/ Member and/or Dependents named in the Policy Schedule/ Certificate of Insurance, who is / are covered under this Policy, for whom the insurance is proposed and the appropriate premium is paid.
24. **IRDAI** means the Insurance Regulatory and Development Authority of India.
25. **Medical Assistance Service** is a service which provides Medical Advice, evacuation, assistance and repatriation. This service can be multi-lingual and is available 24 hours a day.
26. **Mental Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, especially characterised by subnormality of intelligence
27. **Mental Healthcare Professional** meansâ€" (i) a psychiatrist (ii) a professional registered with the concerned State Authority or (iii) a professional having a post-graduate degree (Ayurveda) in Mano Vigyan Avum Manas Roga or a post-graduate degree (Homoeopathy) in Psychiatry or a post-graduate degree (Unani) in Moalijat (Nafasiyatt) or a post-graduate degree (Siddha) in Sirappu Maruthuvam or (iv) a Clinical Psychologist.
28. **Nominee** means the person named in the Policy Schedule or Certificate of Insurance (as applicable) who is nominated to receive the Benefits in respect of an Insured Person or Dependent covered under the Policy in accordance with the terms and conditions of the Policy, if such person is deceased when the Benefit becomes payable.
29. **Out-patient** means a patient who undergoes OPD treatment.
30. **Policy** is sent to You comprising of Policy wordings, Certificates of Insurance issued to the Insured Persons, group proposal form/RFQ and Policy Schedule/ Certificate Of Insurance which form part of the Policy contract including endorsements, as amended from time to time which form part of the Policy contract and shall be read together.
31. **Policy Period** means the period between the Inception Date and the expiry date of the Policy as specified in the Policy Schedule/ Certificate of Insurance or the date of cancellation of this Policy, whichever is earlier.
32. **Policy Schedule** means the schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which Benefits under the Policy are subject to, including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
33. **Preferred Provider Network (PPN)** means a network of hospitals which have agreed to a cashless packaged pricing for certain procedures for the Insured Person. The updated list of network providers/PPN is available on our website (https://uiic.co.in/en/tpa-ppn-network-hospitals) and the website of the TPA mentioned in the schedule and is subject to amendment from time to time. Reimbursement of expenses incurred in PPN for the procedures (as listed under PPN package) shall be subject to the rates applicable to PPN package pricing.
34. **Psychiatrist** means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognised by the University Grants Commission established under the University Grants Commission Act, 1956 (3 of 1956), or awarded or recognised by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956 (102 of 1956), or recognised by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act.
35. **Spouse** means the Employee's legal husband or wife proposed to be covered under the Policy.

36. **Specialist** is a Medical Practitioner who:
- Has received advanced specialist training;
- Practices a particular branch of medicine or Surgery;
- Is or has been appointed as a consultant in a Hospital or is or has been appointed to a position in a Hospital Which We accept as being of equivalent status.

It is clarified that a physiotherapist who is registered or licensed as such under the laws of the country, state or other regulated area in which the Treatment is provided is only a Specialist for the purpose of physiotherapy as described in the list of Benefits.

37. **Sum Insured** means, subject to the terms, conditions and exclusions of this Policy, the amount representing Our maximum, total liability for any or all claims arising under this Policy for the respective Benefit(s) in respect of an Insured Person and is as specified in the Policy Schedule and/or Certificate of Insurance against the particular Benefit(s).
38. **Surgical Appliance and/or Medical Appliance** means:
- An artificial limb, prosthesis or device which is required for the purpose of or in connection with a Surgery;
- An artificial device or prosthesis which is a necessary part of the Treatment immediately following Surgery for as long as such device or prosthesis is required by medical necessity.
- A prosthesis or appliance which is medically necessary and is part of the recuperation process on a Short-Term basis.

39. **Service Partner** is an assistance company utilized by Us to support You for facilitation of access to Network Providers and for providing Medical Assistance Services. In India such services will be provided by a TPA.
40. **Sub Limit** defines limitation on the amount of coverage available to cover a specific type of claim. A sublimit is part of, rather than in addition to, the limit that would otherwise apply to the admissible claim amount.
41. **Third Party Administrator (TPA)** means a Company who is licensed under the IRDAI (Third Party Administrators – Health Services) Regulations 2016, as amended from time to time, by the IRDAI and is engaged for a fee or remuneration by Us for the purposes of providing health services.
42. **Treatment** means any relevant treatment controlled or administered by a Medical Practitioner to cure or substantially relieve Illness within the scope of the Policy.
43. **Waiting Period** means a time bound exclusion period related to condition(s) specified in the Policy Schedule or Certificate of Insurance or Policy which shall be served before a claim related to such condition(s) becomes admissible.
44. **We/Our/Us** means the United India Insurance Company Limited.
45. **You/Your/Policyholder** means the person named in the Policy Schedule who has concluded this Policy with Us.

III. COVERS UNDER THE POLICY

In the event of any claim arising as a result of treatment taken for an Injury or Illness during the Policy period which becomes payable under any applicable Base Cover and/or Optional Covers, then We shall indemnify the Reasonable and Customary Medical Expenses incurred or pay for the listed Benefits, in accordance with the terms, conditions and exclusions of the Policy subject to availability of the Sum Insured for the cover/ benefit applicable and subject to the limit, if any, specified in the Policy Schedule/ Certificate of Insurance. All limits mentioned in the Policy Schedule/ Certificate of Insurance are applicable for each Policy period of coverage.

Cover Type

The Policy provides cover on an Individual or Family Floater Sum Insured basis. A separate Sum Insured for each Insured Person, as specified in the Policy Schedule/Certificate of Insurance, is provided under Individual Sum Insured basis while under Family Floater Sum Insured basis, the Sum Insured limit is shared by the whole family of the group member as specified in the Policy Schedule/ Certificate of Insurance and Our total liability for the family cannot exceed the Sum Insured in a Policy period. The cover type basis shall be as specified in the Policy Schedule/ Certificate of Insurance. The basis of cover chosen for the Base Cover is applicable for the Optional Covers as well.

Relationships covered under the Policy are as specified in the Policy Schedule/ Certificate of Insurance.

A. Base Covers

The Policy provides base coverage as described below in this section provided that the expenses are incurred on the written Medical Advice of a Medical Practitioner and are incurred on Medically Necessary Treatment of the Insured Person.

1. In-patient Hospitalisation Expenses Cover

We will pay the Reasonable and Customary Charges for the following Medical Expenses of an Insured Person in case of Medically Necessary Treatment taken during Hospitalisation provided that the admission date of the Hospitalisation due to Illness or Injury is within the Policy period:

A. Room, Boarding and Nursing expenses as provided by the Hospital/Nursing Home up to the category/limit specified in the Policy Schedule/ Certificate of Insurance or actual expenses incurred, whichever is less, including nursing care, RMO charges, IV Fluids/Blood transfusion/injection administration charges and similar expenses.
B. Charges for accommodation in ICU/CCU/HDU up to the category/limit specified in the Policy Schedule/ Certificate of Insurance or actual expenses incurred, whichever is less,
C. Operation theatre cost,
D. Anaesthestics, Blood, Oxygen, Surgical Appliances and/ or Medical Appliances, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, orthopaedic implants, infra cardiac valve replacements, vascular stents, and other medical expenses related to the treatment.
E. The fees charged by the Medical Practitioner, Surgeon, Specialists and Anaesthetists treating the Insured Person;
F. Medicines, drugs and other allowable consumables prescribed by the treating Medical Practitioner;
G. Cost of Investigative tests or diagnostic procedures directly related to the Injury/Illness for which the Insured Person is hospitalised such as but not limited to Radiology, Pathology tests, X-rays, MRI and CT Scans, Physiotherapy.

Note 1:

Proportionate Clause: *In case of admission to a room at rates exceeding the limits mentioned in the Policy Schedule/Certificate of Insurance (for Clause III.A.1.A), the reimbursement/payment of all associated medical expenses incurred at the Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent. Proportionate Deductions shall not be applied in respect of those hospitals where differential billing is not followed or for those expenses where differential billing is not adopted based on the room category.*

Note 2:

Mental Illness Cover Limit:

In case of following mental illnesses the Inpatient Hospitalisation benefit will be covered up to the limit as mentioned in the schedule;

1. Schizophrenia (ICD - F20; F21; F25)
2. Bipolar Affective Disorders (ICD - F31; F34)
3. Depression (ICD - F32; F33)
4. Obsessive Compulsive Disorders (ICD - F42; F60.5)
5. Psychosis (ICD - F 22; F23; F28; F29)

All claims under this Benefit can be made as per the process defined under Clause VI. 3 and 4

2. Day Care Treatment Cover

We will cover the Medical Expenses incurred on the Insured Person's Day Care Treatment (as defined in Clause II.A.11) during the Policy Period following an Illness or Injury that occurs during the Policy Period provided the Day Care Treatment is for Medically Necessary Treatment and follows the written Medical Advice.

The benefit under the policy will be limited to the amount specified in the Policy Schedule/ Certificate of Insurance, whichever is less.

All claims under this Benefit can be made as per the process defined under Clause VI.3 and VI.4

3. Pre – hospitalisation Medical Expenses Cover

We will cover, on a reimbursement basis, the Insured Person's Pre-hospitalisation Medical Expenses incurred due to an Illness or Injury that occurs during the Policy Period up to the number of days and up to the amount limit as specified in the Policy Schedule or Certificate of Insurance Or actual expenses incurred, whichever is less, provided that:

(i) We have accepted a claim for In-patient Hospitalisation under Clause III.A.1 or III.A.2 above;

(ii) The Pre-hospitalisation Medical Expenses are related to the same Illness or Injury.
(iii) The date of admission to the Hospital for the purpose of this Benefit shall be the date of the Insured Person's first admission to the Hospital in relation to the same Any One Illness.

All claims under this Benefit can be made as per the process defined under Clause VI.4

4. Post – hospitalisation Medical Expenses Cover

We will cover, on a reimbursement basis, the Insured Person's Post-hospitalisation Medical Expenses incurred following an Illness or Injury that occurs during the Policy Period up to the number of days and up to the amount limit as specified in the Policy Schedule or Certificate of Insurance, provided that:

(i) We have accepted a claim for In-patient Hospitalisation under Clause III.A.1 or III.A.2 above;
(ii) The Pre-hospitalisation Medical Expenses are related to the same Illness or Injury.
(iii) The date of discharge from the Hospital for the purpose of this Benefit shall be the date of the Insured Person's last discharge from the Hospital in relation to the same Any One Illness for which We have accepted an In-patient Hospitalisation claim under Clause III.A.1 or III.A.2 above.

All claims under this Benefit can be made as per the process defined under Clause VI.4

5. Road Ambulance Cover

We will cover the costs incurred up to the limit as specified in the Policy Schedule or Certificate of Insurance on transportation of the Insured Person by road Ambulance to a Hospital for treatment in an Emergency following an Illness or Injury which occurs during the Policy Period. It becomes payable if a claim has been admitted under Clause III.A.1 or III.A.2 and the expenses are related to the same Illness or Injury.

We will also cover the costs incurred on transportation of the Insured Person by road Ambulance in the following circumstances up to the limits specified in the Policy Schedule or Certificate of Insurance:

(i) it is medically required to transfer the Insured Person to another Hospital or diagnostic centre during the course of Hospitalisation for advanced diagnostic treatment in circumstances where such facility is not available in the existing Hospital;
(ii) it is medically required to transfer the Insured Person to another Hospital during the course of Hospitalisation due to lack of speciality treatment in the existing Hospital.

All claims under this Benefit can be made as per the process defined under Clause VI.4

6. Domiciliary Hospitalisation Cover

We will cover Medical Expenses, up to the limit specified in the Policy Schedule/ Certificate of Insurance, incurred for the Insured Person's Domiciliary Hospitalisation during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:

i. The Domiciliary Hospitalisation continues for at least 3 consecutive days in which case We will make payment under this Benefit in respect of Medical Expenses incurred from the first day of Domiciliary Hospitalisation;
ii. The treating Medical Practitioner confirms in writing that Domiciliary Hospitalisation was medically required and the Insured Person's condition was such that the Insured Person could not be transferred to a Hospital or the Insured Person satisfies Us that a Hospital bed was unavailable;
iii. We shall not be liable to pay for any claim in connection with:
  a. Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza;
  b. Arthritis, gout and rheumatism;
  c. Chronic nephritis and nephritic syndrome;
  d. Diarrhoea and all type of dysenteries, including gastroenteritis;
  e. Diabetes mellitus and insipidus;
  f. Epilepsy;
  g. Hypertension;
  h. Psychiatric or psychosomatic disorders of all kinds;
  i. Pyrexia of unknown origin.

All claims under this Benefit can be made as per the process defined under Clause VI.4

7. Donor Expenses Cover

We will cover the In-patient Hospitalisation Medical Expenses incurred for an organ donor's treatment during the Policy Period for the harvesting of the organ donated up to the limit as specified in the Policy Schedule or Certificate of Insurance provided that:

i. The donation conforms to The Transplantation of Human Organs Act 1994 and the organ is for the use of the Insured Person;
ii. We have admitted a claim towards In-patient Hospitalisation under the Base Cover and it is related to the same condition; organ donated is for the use of the Insured Person as certified in writing by a Medical Practitioner;
iii. We will not cover:
  a. Pre-hospitalisation Medical Expenses or Post-hospitalisation Medical Expenses of the organ donor;
  b. Screening expenses of the organ donor;
  c. Costs associated with the acquisition of the donor's organ;
  d. Transplant of any organ/tissue where the transplant is experimental or investigational;
  e. Expenses related to organ transportation or preservation;
  f. Any other medical treatment or complication in respect of the donor, consequent to harvesting.

All claims under this Benefit can be made as per the process defined under Clause VI.3 and VI.4

8. Modern Treatment Methods & Advancement in Technologies:

In case of an admissible claim under Clause III.A.1, expenses incurred on the following procedures (wherever medically indicated) either as in-patient or as part of day care treatment in a hospital, shall be covered. The claim shall be subject to additional sub-limits indicated against them in the table below:

Sr. No.	Modern Treatment Methods & Advancement in Technology	Limits per Surgery
1.	Uterine Artery Embolization & High Intensity Focussed Ultrasound (HIFU)	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Uterine Artery Embolization & HIFU
2.	Balloon Sinuplasty	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Balloon Sinuplasty
3.	Deep Brain Stimulation	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Deep Brain Stimulation
4.	Oral Chemotherapy	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Oral Chemotherapy
5.	Immunotherapy- Monoclonal Antibody to be given as injection	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period
6.	Intra vitreal Injections	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period
7.	Robotic Surgeries (including Robotic Assisted Surgeries)	•up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Robotic Surgeries for (i) the treatment of any disease involving Central Nervous System irrespective of aetiology; (ii) Malignancies •up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Robotic Surgeries for other diseases
8.	Stereotactic Radio Surgeries	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Stereotactic Radio

		Surgeries
9.	Bronchial Thermoplasty	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Bronchial Thermoplasty.
10.	Vaporisation of the Prostate (Green laser treatment or holmium laser treatment)	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period.
11.	Intra Operative Neuro Monitoring (IONM)	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Intra Operative Neuro Monitoring
12.	Stem Cell Therapy: Hematopoietic Stem cells for bone marrow transplant for haematological conditions to be covered only	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period

All claims under this Benefit can be made as per the process defined under Clause VI. 3 and 4
There are Optional covers available with the Policy.

Optional Covers:

Policy Terms and Conditions for Optional Covers (In conjunction with Policy Terms and Conditions)
This Policy may also provide Options to the Base Covers if these are specified to be applicable in the Policy Schedule and/or the Certificate of Insurance subject to (I) the terms, conditions, exclusions and limitations of the Options set out herein along with Optional Benefits (if any), (II) receipt of premium, statements in the proposal and information disclosed to Us by You or on Your behalf and on behalf of all persons to be insured which is incorporated into the Policy and is the basis of it.
All other clauses, terms and conditions, Waiting Periods and exclusions applicable to the Base Cover (Section II of the Policy) shall apply.

Maternity Expenses Cover

Maternity Expenses Cover
We will cover Medical Expenses incurred in respect of a female Insured Person above 18 years for the delivery of a child in a Hospital during the Policy Period (including but not limited to caesarean section, vacuum birthing, water birthing, hypnobirthing, midwife birthing) or for medically required and lawful medical termination of pregnancy.

This Benefit will be available subject to the following:
(i) Up to the limits as specified in the Policy Schedule or Certificate of Insurance;
(ii) After the waiting period as specified in the Policy Schedule or Certificate of Insurance from the Start Date;
(iii) Up to a maximum number of deliveries/ terminations as specified in the Policy Schedule or Certificate of Insurance,
(iV)Those insured persons who are already having number of living children as specified in the schedule will not be eligible for this benefit.
(V)Pre and post-natal Medical Expenses incurred only under hospitalisation shall be covered within the Maternity Expenses Cover limit. In such a case, We will pay the Pre and post-natal Medical expenses incurred from the date of conception up to a period of 6 weeks from delivery.
(Vi)Payment under this cover will be limited to per event and will be a part of the Base Sum Insured specified in the Policy Schedule and/or Certificate of Insurance.

1.1 Option for including Pre and post-natal Medical Expenses incurred on Out-patient basis: Pre and post-natal Medical Expenses incurred on Out-patient basis, if specifically opted for, shall be covered within the Maternity Expenses Cover limit up to the sub-limit specified in the Policy Schedule or Certificate of Insurance. These expenses (including expenses incurred on pre-natal check-ups, doctor's consultations for monitoring of the pregnancy and any complications arising therefrom) shall be covered from the date of conception up to a period of 6 weeks from the delivery.

We will not be liable to make any payment in respect of the following:

a. Medical Expenses incurred in respect of the harvesting and storage of stem cells when carried out as a preventive measure against possible future Illnesses.
b. Medical Expenses for ectopic pregnancy, which will be covered under Clause III.A.1 of the Base Cover Terms and Conditions.
c. Complications arising as a result of infertility Treatment (assisted conception).

Pre or post-natal Care Expenses shall not be considered for payment under any Pre-hospitalisation Medical Expenses or Postâ €"hospitalisation Medical Expenses paid under the Base Cover.

If Maternity Expenses Cover is in force in respect of the Insured Person, then the Exclusion under clause IV.B.17 pertaining to the Optional cover will be deemed to be inoperative for the purpose of this Option in respect of that Insured Person.

All claims under this Benefit can be made as per the process defined under Clause VI of the Base Cover Terms and Conditions.

Corporate Buffer for Critical/Named Illness only

We will provide for a Corporate Buffer as per limits specified in the Policy Schedule/Certificate of Insurance during the Policy period for Critical/Named illnesses specified under this clause, provided that:

i. All other terms, exclusions and conditions contained in the Policy or endorsed thereon remain unchanged.
ii. This Benefit will be available for those Insured Persons who have already exhausted their Sum
iii. Insured limit subject to per Insured Person/ family limit as mentioned in the Policy Schedule.
iv. This Benefit will be restricted to Individual/ family/amount specified in the Policy Schedule in respect of each and every Insured Person/ family.

All claims under this Benefit can be made as per the process defined under Clauses VI under the Base Cover Terms and Conditions and Clause III under the Optional Cover Terms and Conditions, as applicable.

IV. PERMANENT EXCLUSIONS & WAITING PERIODS

All the Waiting Periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

A.WAITING PERIODS

We shall not be liable to make any payment under this Policy caused by, based on, arising out of, relating to or howsoever attributable to any of the following:

1. **Pre-Existing Disease Waiting Period (Code-Excl01)**
   i. Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of the number of months, as mentioned in the Policy schedule or Certificate of Insurance, of continuous coverage after the date of inception of the first policy with us.
   ii. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
   iii. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Insurance Product) Regulations 2024, then waiting period for the same would be reduced to the extent of prior coverage.
   iv. Coverage under the policy after the expiry of the number of months, as mentioned in the Policy schedule or Certificate of Insurance, for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.
2. **Specific Waiting Period (Code-Excl02)**
   i. Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of the number of months, as mentioned in the Policy schedule or Certificate of Insurance, of continuous coverage, as may be the case after the date of inception of the first policy with the Insurer. This exclusion shall not be applicable for claims arising due to an

accident.

ii. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

iii. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.

iv. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

v. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

vi. List of specific diseases/procedures:

a) Cataract
b) Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus unless necessitated by malignancy myomectomy for fibroids
c) Knee Replacement Surgery (other than caused by an Accident), Non-infectious Arthritis, Gout, Rheumatism, Osteoarthritis and Osteoporosis, Joint Replacement Surgery (other than caused by Accident), Prolapse of Intervertebral discs (other than caused by Accident), all Vertebrae Disorders, including but not limited to Spondylitis, Spondylosis, Spondylolisthesis, Congenital Internal Diseases
d) Varicose Veins and Varicose Ulcers
e) Stones in the urinary, uro-genital and biliary systems including calculus diseases
f) Benign Prostate Hypertrophy, all types of Hydrocele
g) Fissure, Fistula in anus, Piles, all types of Hernia, Pilonidal sinus, Hemorrhoids and any abscess related to the anal region
h) Chronic Supportive Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/Adenoids, Tympanoplasty and any other benign ear, nose and throat disorder or surgery
i) Gastric and duodenal ulcer, any type of Cysts/Nodules/Polyps/internal tumors/skin tumors, and any type of Breast lumps (unless malignant), Polycystic Ovarian Diseases
j) Any Surgery of the genito-urinary system unless necessitated by malignancy
k) Age-related Macular Degeneration (ARMD)
l) All Neurodegenerative disorders
m)Waiting Period for Named Mental Illnesses

S. No.	Organ / Organ Systems	Illness / Surgeries
1.	**Mental Disorders**	1) Schizophrenia (ICD - F20; F21; F25) 2) Bipolar Affective Disorders (ICD - F31; F34) 3) Depression (ICD - F32; F33) 4) Obsessive Compulsive Disorders (ICD - F42; F60.5) 5) Psychosis (ICD - F 22; F23; F28; F29)

3. **Initial Waiting Period for Hospitalisation (Code-Excl03)**

i. Expenses related to the treatment of any illness within the number of days, as mentioned in the Policy schedule or Certificate of Insurance, from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

iii. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

B. Standard Permanent Exclusions

4. **Investigation & Evaluation (Code-Excl04)**

i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded;

ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. **Rest Cure, Rehabilitation and Respite Care (Code-Excl05):**

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

ii. Any services for people who are terminally ill to address physical, social, emotional, and spiritual needs.

6. **Obesity/ Weight Control (Code-Excl06):**

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

i. Surgery to be conducted is upon the advice of the Doctor

ii. The surgery/Procedure conducted should be supported by clinical protocols

iii. The member has to be 18 years of age or older and

iv. Body Mass Index (BMI)

A. greater than or equal to 40 or

B. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

a. Obesity-related cardiomyopathy
b. Coronary heart disease
c. Severe Sleep Apnoea
d. Uncontrolled Type2 Diabetes

7. **Change-of-Gender treatments (Code-Excl07):**

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. **Cosmetic or Plastic Surgery (Code-Excl08):**

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the Insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9. **Hazardous or Adventure sports (Code- Excl09):**

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10. **Breach of law (Code-Excl10):**

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

11. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code-Excl12)**

12. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **(Code-Excl13)**

13. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedure. **(Code-Excl14)**

14. **Refractive Error (Code-Excl15):**

Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.

15. **Unproven Treatments (Code- Excl16):**

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

16. **Sterility and Infertility (Code-Excl17):**

Expenses related to Sterility and Infertility. This includes:

i. Any type of contraception, sterilization

ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
iii. Gestational Surrogacy
iv. Reversal of sterilization

17. **Maternity (Code-Excl18):**
    i. Medical treatment expenses traceable to child birth (Including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy;
    ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

C. Specific Exclusions

1. All expenses, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
2. All Illness/expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel nuclear, chemical or biological attack.
3. a) Stem cell implantation/Surgery, harvesting, storage or any kind of Treatment using stem cells except as provided for in clause III.8 (12) above;
   b) growth hormone therapy.
4. External Congenital Anomaly or defects.
5. Circumcision unless necessary for Treatment of an Illness or Injury not excluded hereunder or due to an Accident.
6. Conditions for which treatment could have been done on an out-patient basis without any Hospitalisation.
7. Any treatment or part of a treatment that is not of a reasonable charge, is not a Medically Necessary Treatment; drugs or treatments which are not supported by a prescription.
8. Costs of donor screening or costs incurred in an organ transplant Surgery involving organs not harvested from a human body.
9. Any form of Alternative Treatment:
   i. Hydrotherapy, Acupuncture, Reflexology, Chiropractic Treatment or any other form of indigenous system of medicine.
10. Dental Treatment, dentures or Surgery of any kind unless necessitated due to an Accident and requiring minimum 24 hours Hospitalisation. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw which cannot be treated in any other way.
11. Routine eye examinations, cost of spectacles, multifocal lens, contact lenses.
12. a) Cost of hearing aids; including optometric therapy;
    b) cochlear implants unless necessitated by an Accident or required intra-operatively.
13. Vaccinations inoculations of any kind, except when required as part of hospitalization or a daycare procedure for treatment following an animal bite.
14. Any Treatment and associated expenses for alopecia, baldness, wigs, or toupees and hair fall Treatment and products,
15. Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose.
16. Any stay in Hospital without undertaking any Treatment or any other purpose other than for receiving eligible Treatment of a type that normally requires a stay in the Hospital.
17. Artificial life maintenance including life support machine use, from the date of confirmation by the treating doctor that the patient is in a vegetative state.
18. Certification / diagnosis / Treatment by a family member, or a person who stays with the Insured Person, save for the proven material costs which are eligible for reimbursement as per the applicable cover, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for.
19. Prostheses, corrective devices and and/or Medical Appliances, which are not required intra-operatively for the Illness/ Injury for which the Insured Person was Hospitalised.
20. Treatment received outside India.
21. a) Instrument used in Treatment of Sleep Apnea Syndrome (C.P.A.P.); b) Oxygen Concentrator for Bronchial Asthmatic condition; c) Infusion pump or any other external devices used during or after Treatment.
22. Injury caused whilst flying or taking part in aerial activities (including cabin) except as a fare-paying passenger in a regular scheduled airline or air charter company.
23. All non-medical expenses including but not limited to convenience items for personal comfort not consistent with or incidental to the diagnosis and Treatment of the Illness/Injury for which the Insured Person was Hospitalised, such as, ambulatory devices, walker, crutches, belts, collars, splints, slings, braces, stockings of any kind, diabetic footwear, glucometer/thermometer and any medical equipment that is subsequently used at home except when they form part of room expenses. For complete list of non-medical expenses, please refer to the Annexure I "Non-Medical Expenses" and also on Our website.
24. Any opted Deductible (Per claim/ Aggregate/ Corporate) amount or percentage of admissible claim under Co-Payment, Sub Limit if applicable and as specified in the Policy Schedule/ Certificate of Insurance to this Policy.
25. Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing, including MRD charges (medical records department charges).
26. Any physical, medical or mental condition or Treatment or service that is specifically excluded in the Policy Schedule/ Certificate of Insurance under Special Conditions.

v. TERMS AND CLAUSES

A. Standard Terms and Clauses

1. **Arbitration**
   The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.
2. **Disclosure of Information**
   The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the policyholder.
   (Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk).
3. **Condition Precedent to Admission of Liability**
   The terms and conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy.
4. **Claim Settlement (provision for Penal Interest)**
   i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
   ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Insured Person from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
   iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
   iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Insured Person at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
   (Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due).
5. **Complete Discharge**
   Any payment to the Policyholder, Insured Person or his/her nominees or his/her legal representative or Assignee or to the Hospital,

as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

6. **Multiple Policies**

i. In case of multiple policies taken by an Insured Person during a period from one or more Insurers to indemnify treatment costs, the Insured Person can file for claim settlement as per his/her choice under any policy. The Insurer of that chosen policy shall be treated as the primary Insurer.

ii. In case the available coverage under the said policy is less than the admissible claim amount, the primary Insurer shall seek the details of

iii. other available policies of the policyholder and shall coordinate with other Insurers to ensure settlement of the balance amount

iv. as per the policy conditions, provided a written request for same has been submitted by the Insured Person. policy.

7. **Fraud**

If any claim made by the Insured Person is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/ Policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/ any other party acting on behalf of the Insured Person, with intent to deceive the Insurer or to induce the Insurer to issue an insurance policy:

i. the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;

ii. the active concealment of a fact by the Insured Person having knowledge or belief of the fact;

iii. any other act fitted to deceive; and

iv. any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and/ or forfeit the policy benefits on the ground of fraud, if the Insured Person/beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer.

8. **Cancellation**

i. The policyholder may policy at any time during the term, by giving 7 days' notice in writing. The Insurer shall refund proportionate premium for unexpired policy period.

ii. if there is

iii. no claim (s) reported during the policy period.

iv. The Company may cancel the policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving iv. 7 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

9. **Migration**

The Insured Person will be provided a facility to migrate the policy (including all members) to other health insurance products/plans offered by the company by applying for migration of the policy. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

10. **Portability**

The Insured Person will be provided facility 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 as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health Insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

10. **Renewal of Policy**

The policy shall ordinarily be renewable except on grounds of fraud or non-disclosure or misrepresentation by the Insured Person.

i. The Company will give notice for renewal.

ii. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years.

iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

iv. An Insurer shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured.

v. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period except when premium is paid in instalments.

vi. No loading shall apply on renewals based on individual claims experience.

12. **Withdrawal of Policy**

i. In the likelihood of this product being withdrawn in future, the Company will intimate the Policyholders about the same 90 days prior to date of withdrawal of the product.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

13. **Moratorium Period**

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.

14. **Redressal of Grievances**

In case of any grievance the Insured Person may contact the Company through:

Website: www.uiic.co.in

Toll free: 1800 425 333 33

E-mail: customercare@uiic.co.in

Courier: Customer Care Department, Head Office, United India Insurance Co. Ltd., 24, Whites Road, Chennai, Tamil Nadu- 600014

Insured Person may also approach the grievance cell at any of the Company's branches with the details of grievance. If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at customercare@uiic.co.in

For updated details of grievance officer, kindly refer the link https://uiic.co.in/en/customercare/grievance

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of the Insurance Ombudsman offices have been provided as Annexure – II

Grievance may also be lodged at IRDAI Integrated Grievance Management System: https://igms.irda.gov.in/

15. **Nomination**

The Insured Person is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

B.Specific Terms and Clauses

1. **Parties to the Policy**
   The only parties to this Policy are the Policyholder and Us.
2. **No Constructive Notice**
   Any knowledge or information of any circumstance or condition in relation to You/Insured Person in Our possession or in the possession of any of Our officials shall not be deemed to be notice or be held to bind or prejudicially affect Us, or absolve You/Insured Person from your/her duty of disclosure, notwithstanding subsequent acceptance of any premium.
3. **Eligibility**
   To be eligible for coverage under the Policy, the Insured Person must be -
   a. Either an employee of the policyholder where there is an employer/employee relationship OR a member of the group as defined in extant IRDAI guidelines on Group Health Insurance in case of Non-Employer-Employee policies
   b. The relationships which may be covered under the Policy are-
   i. Self
   ii. Employee/member's legal Spouse, Life Partner (including live-in partner)
   For the purpose of this clause, Life Partner (including live-in partner) shall be taken as declared at the time of inception of Policy and no change would be accepted during the Policy Period. However, the Insured may request for change at the time of Renewal of the cover.
   iii. The Employee/member's children between the age of 91 days and 18 years shall be covered provided either or both parents are covered concurrently. Children above 18 years will continue to be covered along with parents up to the age of 26 years, provided they are unmarried/unemployed and dependent.
   iv. Parents/Parents-in-law
   v. The Employee/member's siblings shall be covered up to the age of 26 years, provided they are unmarried/unemployed and dependent.
   vi. Any other relationship as specified in the Policy Schedule/Certificate of Insurance
   c. Minimum Group size: The Policyholder shall ensure that the minimum number of Employees/members who will form a group to avail the Benefits under this Policy shall be 7 (Seven).
   d. New Born Babies will be accepted for cover (subject to the limitations of the New Born Baby Benefit Cover) from birth if mother is covered and maternity cover is opted. Acceptance of New Born Babies as Insured Persons is subject to written notification on or before the last day of the month following the birth of the child and receipt of the agreed premium.
4. **Resonable Care**
   The Insured Person understands and agrees to take all reasonable steps in order to safeguard against any Illnesses, Accident or Injury that may give rise to any claim under this Policy.
5. **Premium**
   The premium for each Policy will be determined based on the available data of each group, coverage sought by the insured and applicable discounts and loadings. Payment of premiums will be available in Single mode. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements of this Policy by the Policyholder in so far as they relate to anything to be done or complied with by the Policyholder shall be a Condition Precedent to Our liability to make any payment under this Policy.
   Premium will be subject to revision at the time of renewal of the Policy. Further, premium shall be paid in Indian Rupees and in favour of United India Insurance Company Ltd.
   NOTE: Where Instalment facility is granted by Us for the payment of premium, it is to be in accordance with the schedule of payments agreed between the Policyholder and Us in writing.
   Where premium is payable on an instalment basis, the revival period shall be 15 days. Wherever premiums are not received within the revival period, the Policy will be terminated effective from instalment due date and all claims that fall beyond such instalment due date shall not be paid. However, we will be liable to pay in respect of all claims where the Treatment/Admission/Accident has commenced/ occurred before the date of termination of such Policy.
   For installment premium, in the event of cancellation of policy, we will refund premium on pro rata basis after deducting Our expenses.
   Premium shall be refunded for all lives which have not registered a claim with Us under the Policy up to the date of cancellation.
6. **Role of Group Administrator/Policyholder**
   i. The Policyholder should provide all the written information that is reasonably required to work out the premium and pay any claim/ Benefit provided under the Policy including the complete list of members to Us at the time of policy issuance and renewal. Further intimation should be provided to Us on the entry and exit of the members at periodic intervals. Insurance will cease once the member leaves the group except when it is agreed in advance to continue the benefit even if the member leaves the group.
   ii. Material information to be disclosed includes every matter that the Insured Person and/or the Policyholder is aware of, or could reasonably be expected to know, that relates to questions in the RFQ/ proposal form and which is relevant to Us in order to accept the risk of insurance and if so on what terms. The Insured Person/ Policyholder must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, or endorsement of the Policy.
   iii. The Policy holder i.e. the Employer may issue confirmation of insurance protection to the individual employees with clear reference to the Group Insurance policy and the benefits secured thereby.
   iv. The claims of the individual employees may be processed through the employer.
7. **Alterations in the Policy**
   This Policy constitutes the complete contract of insurance. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us. All endorsement requests will be made by the Policyholder only.
8. **Material Information for administration**
   The Insured Person and/ or the Policyholder must give Us all the written information that is reasonably required to work out the premium and pay any claim/ Benefit provided under the Policy. You must give Us written notification specifying the details of the Insured Persons to be deleted and the details of the eligible persons proposed to be added to the Policy as Insured Persons.
   Material information to be disclosed includes every matter that the Insured Person and/or the Policyholder is aware of, or could reasonably be expected to know, that relates to questions in the proposal form and which is relevant to Us in order to accept the risk of insurance and if so on what terms. The Insured Person/ Policyholder must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation or endorsement of the Policy.
9. **Material Change**
   It is Condition Precedent to Our liability under the Policy that You shall at Your own expense immediately notify Us in writing of any material change in the risk on account of change in nature of occupation or business of any Insured Person. We may, in Our discretion, adjust the scope of cover and / or the premium paid or payable, accordingly.
10. **Fraud**
    If any claim made by the Insured Person is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.
    Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/ Policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.
    For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/ any other party acting on behalf of the Insured Person, with intent to deceive the Insurer or to induce the Insurer to issue an insurance policy:
    i. the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
    ii. the active concealment of a fact by the Insured Person having knowledge or belief of the fact;

iii. any other act fitted to deceive; and
iv. any such act or omission as the law specially declares to be fraudulent
The Company shall not repudiate the claim and/ or forfeit the policy benefits on the ground of fraud, if the Insured Person/beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer.

11. **Geographical Area**
The geographical scope of this Policy applies to events limited to India unless specified under this Policy in a particular Benefit or definition. However, all admitted or payable claims shall be settled in India in Indian rupees.

12. **Addition and Deletion of a Member**
We shall include/exclude a group member/Employee of the Policyholder and/or his/her Dependent(s) as an Insured Person under the Policy in accordance with the following procedure:
A. **Additions**
- a. Employer – Employee Group:
- i) Newly appointed employee and his/her dependents
- ii) Newly wedded spouse of the employee,
- iii) New born child of the employee
- may be added to the Policy as an Insured Person during the Policy period provided that the application for cover has been accepted by Us, additional premium on pro-rata basis applied on the risk coverage duration for the Insured Person has been received by Us and We have issued an endorsement confirming the addition of such person as an Insured Person
- b. Non-Employer – Employee Group: As specified in the Policy Schedule

B. **Deletions:**
- a. Employer – Employee Group

i) Employee leaving the company/organization on account of resignation/retirement/termination and his/her dependents shall be deleted from the policy effective from the date of resignation/retirement/termination or till the last day of the month of resignation/retirement/termination at the option of the insured
ii) In the event of death of an employee, his/her dependents may continue to be covered until the expiry of the policy period at the option of the insured
- b. Non-Employer – Employee Group: As specified in the Policy Schedule

Refund of premium shall be made on a pro-rata basis, provided that no claim is paid/outstanding in respect of that Insured Person or his/her Dependents.
Throughout the Policy period, the Policyholder will notify Us of all and any changes in the membership of the Policy occurring in a month on or before the last day of the succeeding month.

13. **Endorsements**
The Policy will allow the following endorsements during the Policy period. Any request for endorsement must be made only in writing by the Policyholder. Any endorsement would be effective from the date of the request received from You, or the date of receipt of premium, whichever is later.
- Rectification in name of the proposer / Insured Person.
- Rectification in gender of the proposer/ Insured Person.
- Rectification in relationship of the Insured Person with the proposer.
- Rectification of age/ date of birth of the Insured Person
- Change in the correspondence address of the proposer.
- Change/updating in the contact details viz., phone number, E-mail ID, etc.
- Updating of alternate contact address of the proposer.
- Change in Nominee details.
- Deletion of Insured Person on death or upon leaving the group provided no claims are paid / outstanding.
- Addition of member (New Born Baby or newly wedded Spouse).

All endorsement requests shall be assessed by the underwriter and where required additional information/documents/ premium may be requested.

14. **Renewal Terms**
Alterations like increase/ decrease in Sum Insured or change in optional covers can be requested at the time of Renewal of the Policy. We reserve Our right to carry out assessment of the group and provide the Renewal quote in respect of the revised Policy.
We may in Our sole discretion, revise the premiums payable under the Policy or the terms of the cover, provided that all such changes are in accordance with the IRDAI rules and regulations as applicable from time to time.

15. **Our Right of Termination**
A. **Termination of Policy:**
Prior to the expiry of the Policy as shown in the Policy Schedule/ Certificate of Insurance, cover will end immediately for all Insured Persons, if:
i. there is misrepresentation, fraud, non-disclosure of material fact by You / Insured Person without any refund of premium, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to Your last known address.
ii. there is non-cooperation by You/ Insured person, with refund of premium on pro rata basis for all lives which have not registered a claim with Us, after deducting Our expenses, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to Your last known address.
iii. the Policyholder does not pay the premiums owed under the Policy within the Grace Period.
Upon termination, cover and services under the Policy shall end immediately. Treatment and costs incurred after the date of termination shall not be paid. If Treatment has been authorized or an approval for Cashless facility has been issued, we will not be held responsible for any Treatment costs if the Policy ends. However, we will be liable to pay in respect of all claims where the Treatment/admission has commenced before the date of termination of such Policy.

B. **Termination for Insured Person's cover**
Cover will end for a Member or dependent:
i. If the Policyholder stops paying premiums for the Insured Person(s) and their Dependents (if any);
ii. When this Policy terminates at the expiry of the period shown in the Policy Schedule/ Certificate of Insurance.
iii. If he or she dies;
iv. When a dependent insured person ceases to be a Dependent; unless otherwise agreed specifically for continuation till end of policy period;
v. If the Insured Person ceases to be a member of the group.

16. **Limitation of Liability**
If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding, as the case may be, within twelve months from the date of such rejection or settlement, the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

17. **Operation of Policy & Certificate of Insurance**
The Policy shall be issued for the duration as specified in the Policy Schedule/ Certificate of Insurance. The Policy takes effect on the Inception Date stated in the Policy Schedule and/or the Certificate of Insurance and ends on the date of expiry of the Policy. For specific groups, upon request, all additions thereto by way of Certificate/s of Insurance shall be valid up to the Policy Period commencing from the actual date of addition to the Policy, it being agreed and understood that We shall continue to extend the benefit of coverage of insurance to the Insured Person(s) in the same manner on Renewal of the Policy or until expiry of the Certificate of Insurance, whichever is later.

18. **Electronic Transactions**
The Policyholder/ Insured Person agrees to comply with all the terms and conditions as We shall prescribe from time to time, and confirms that all transactions effected facilities for conducting remote transactions such as the internet, World Wide Web, electronic

data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, in respect of this Policy, or Our other services, shall constitute legally binding when done in compliance with Our terms for such facilities.

Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Policyholder/ Insured Person. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated / confirmed by the Policyholder/ Insured Person.

19. **Communications & Notices**

a) Any notice, direction or instruction or any other communication related to the Policy should be made in writing.

b) Such communication shall be sent to the address of the Company or through any other electronic modes at contact address as specified in the Policy Schedule.

c) No insurance agents, brokers, other person or entity is authorized to receive any notice on behalf of Us unless explicitly stated in writing by Us.

d) The Company shall communicate to The Policyholder/ Insured Person in writing, at the address as specified in the Policy Schedule/ Certificate of Insurance or through any other electronic mode at the contact address as specified in the policy schedule

20. **Territorial Jurisdiction**

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the policy shall be determined by the Indian court and according to Indian law.

VI. CLAIM PROCEDURE

d.A. Claim Process for Base Covers

1. **Claims Administration & Process**

1. Claims Administration & Process

It shall be the condition precedent to admission of Our liability under this Policy that the terms and conditions of making the payment of premium in full and on time, insofar as they relate to anything to be done or complied with by You or any Insured Person, are fulfilled including complying with the following in relation to claims:

1. On the occurrence or discovery of any Illness or Injury that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.

2. The treatment should be taken as per the directions, advice and guidance of the treating Medical Practitioner. Any failure to follow such directions, Medical advice or guidance will prejudice the claim.

3. The Insured Person must submit to medical examination by Our Medical Practitioner or our authorized representative in case requested by Us and at Our cost, as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalisation records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.

4. We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim.

2. **Notification of claim**

Upon the happening of any event which may give rise to a claim under this Policy, the insured person/insured person's representative shall notify the TPA in writing providing all relevant information relating to claim including plan of treatment, policy number etc. within the prescribed time limit as under:

i. Within 24 hours from the date of emergency hospitalisation required or before the Insured Person's discharge from Hospital, whichever is earlier

ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalisation.

3. **Procedure for Cashless claims**

1. Cashless facility for treatment in hospitals only shall be available to insured subject to pre-authorization by TPA.

2. Treatment may be taken in a network provider/PPN hospital. Booklet containing list of network provider/PPN hospitals shall be provided by the TPA. Updated list of network provider/PPN is available on website of the company (https://uiic.co.in/en/tpa-ppn-network-hospitals) and the TPA mentioned in the schedule.

3. The customer may call the TPA's toll free phone number provided on the health ID card for intimation of a claim and related assistance. Please keep the ID number handy for easy reference.

4. On admission in the network provider/PPN hospital, produce the ID card issued by the TPA at the Hospital Insurance-desk. Cashless request form available with the network provider/PPN and TPA shall be completed and sent to the TPA for pre- authorization.

5. The TPA upon getting cashless request form and related medical information from the insured person/ network provider/PPN shall issue pre-authorisation letter to the hospital after verification.

6. Once the request for pre-authorisation has been granted, the treatment must take place within 15 days of the pre-authorisation date at a Network Provider and pre-authorisation shall be valid only if all the details of the authorized treatment, including dates, Hospital and locations, match with the details of the actual treatment received. For Hospitalisation where Cashless Facility is pre-authorised by Us or the associated TPA, We will make the payment of the amounts assessed directly to the Network Provider.

7. In the event of any change in the diagnosis, plan of Treatment, cost of Treatment during Hospitalisation to the Insured Person, the Network Provider shall obtain a fresh authorization letter from Us in accordance with the process described under clause V.4 above.

8. At the time of discharge, the insured person shall verify and sign the discharge papers and final bill and pay for non-medical and inadmissible expenses.

Note: (Applicable to Clause V.C): Cashless facility for Hospitalisation expenses shall be limited exclusively to Medical Expenses incurred for Treatment undertaken in a Network Provider/ PPN hospital for Illness or Injury / Accident/ Critical Illness as the case may be which are covered under the Policy. For all cashless authorisations, the Insured Person will, in any event, be required to settle all non-admissible expenses, expenses above specified Sub Limits (if applicable), Co-Payments and / or opted Deductible (Per claim/ Aggregate/ Corporate) (if applicable), directly with the Hospital.

9. The TPA reserves the right to deny pre-authorisation in case the insured person is unable to provide the relevant medical details. Denial of a Pre-authorisation request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person may get the treatment as per treating doctor's advice and submit the claim documents to the TPA for possible reimbursement.

10. In case of admission in PPN hospitals, duly filled and signed PPN declaration format available with the hospital must be submitted.

11. Claims for Pre and Post-Hospitalisation will be settled on a reimbursement basis on production of cash receipts alongwith supporting documents.

4. **Procedure for reimbursement of claims**

a.i.1 In non-network hospitals payment must be made up-front and for reimbursement of claims the insured person may submit the necessary documents to TPA within the prescribed time limit. Claims for Pre- and Post-Hospitalisation will be settled on reimbursement basis on production of relevant claim papers and cash receipts within the prescribed time limit.

5. **Documents**

1. The claim is to be supported with the following original documents and submitted within the prescribed time limit.

i.i. Duly completed claim form;

i.ii. Photo ID and Age proof;

i.iii. Health Card, policy copy, photo ID, KYC documents;

i.iv. Attending medical practitioner's / surgeon's certificate regarding diagnosis/ nature of operation performed, along with date of diagnosis, investigation test reports etc. supported by the prescription from the attending medical practitioner.

i.v. Medical history of the patient as recorded (All previous consultation papers indicating history and treatment details for current ailment), bills (including break up of charges) and payment receipts duly supported by the prescription from attending medical practitioner/ hospital

i.vi. Discharge certificate/ summary from the hospital.

i.vii. Photo ID and Age proof;

i.viii. Health Card, policy copy, photo ID, KYC documents;
i.ix. Original final Hospital bill with detailed break-up with all original deposit and final payment receipt;
i.x. Original invoice with payment receipt and implant stickers for all implants used during Surgeries i.e. lens sticker and Invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery;
i.xi. All original diagnostic reports (including imaging and laboratory) along with Medical Practitioner's prescription and invoice / bill with receipt from diagnostic center;
i.xii. All original medicine / pharmacy bills along with the Medical Practitioner's prescription;
i.xiii. MLC / FIR copy – in Accidental cases only;
i.xiv. Copy of death summary and copy of death certificate (in death claims only);
i.xv. Pre and post-operative imaging reports;
i.xvi. Copy of indoor case papers with nursing sheet detailing medical history of the Insured Person, treatment details and the Insured Person's progress;
i.xvii. Cheque copy with name of proposer printed on the cheque leaf or copy of the first page of the bank passbook or the bank statement not later than 3 months.

Note

In the event of a claim lodged as per Settlement under multiple policies clause and the original documents having been submitted to the other insurer, the company may accept the duly certified documents listed under clause VI.5.1 and claim settlement advice duly certified by the other insurer subject to satisfaction of the company.

Type of claim	**Time limit for submission of documents to company/TPA**
Where Cashless Facility has been authorised	Immediately after discharge.
Reimbursement of hospitalisation,daycare and pre hospitalisation expenses	Within 15 (fifteen) days of date of discharge from hospital
Reimbursement of post hospitalisation expenses	Within 15 (fifteen) days from completion of post hospitalisation treatment

Note:

a.i.1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
a.i.2. Waiver of clause V.B.4.v may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the Insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit.
a.i.3. The Insured Person shall also give the TPA / Company such additional information and assistance as the TPA / Company may require in dealing with the claim including an authorisation to obtain Medical and other records from the hospital, lab, etc.
a.i.4. All the documents submitted to TPA shall be electronically collected by us for settlement/denial of the claims by the appropriate authority.
a.i.5. Any medical practitioner or Authorised Person authorised by the TPA / Company shall be allowed to examine the Insured Person in case of any alleged injury or disease leading to Hospitalisation if so required.

6. **Scrutiny of Claim Documents**

a. TPA/ We shall scrutinize the claim form and the accompanying documents. Any deficiency in the documents shall be intimated to the Insured Person/ Network Provider as the case may be.
If the deficiency in the necessary claim documents is not met or is partially met in 10 working days of the first intimation. We will send a maximum of 3 (three) reminders. We may, at Our sole discretion, decide to deduct the amount of claim for which deficiency is intimated to the Insured Person and settle the claim if we observe that such a claim is otherwise valid under the Policy.
b. In case a reimbursement claim is received when a pre-authorisation letter has been issued, before approving such a claim, a check will be made with the Network Provider whether the pre-authorisation has been utilized as well as whether the Insured Person has settled all the dues with the Network Provider. Once such check and declaration is received from the Network Provider, the case will be processed.
c. The Pre-Hospitalisation Medical Expenses Cover claim and Post- Hospitalisation Medical Expenses Cover claim shall be processed only after decision of the main Hospitalisation claim.

7. **Claim Assessment**

We will pay the fixed or indemnity amount as specified in the applicable Base or Optional cover in accordance with the terms of this Policy.
We will assess all admissible claims under the Policy in the following progressive order:
1. Application of Proportionate clause as per Note 1 of clause III.A.1.
2. Co-pay as applicable.
3. Limit/ Sub Limit on Medical Expenses are applicable as specified in the Policy Schedule/ Certificate of Insurance
4. Opted Deductible (Per claim/ Aggregate)

Claim Assessment for Benefit Plans:
We will pay fixed benefit amounts as specified in the Policy Schedule/ Certificate of Insurance in accordance with the terms of this Policy. We are not liable to make any reimbursements of Medical Expenses or pay any other amounts not specified in the Policy.

8. **Claim Rejection/ Repudiation**

If the company, for any reasons, decides to reject a claim under the policy, we shall communicate to the insured person in writing explicitly mentioning the grounds for rejection/repudiation and within a period of 15 (thirty) days from the receipt of the final document(s) or investigation report (if any), as the case may be. Where a rejection is communicated by Us, the Insured Person may, if so desired, within 15 days from the date of receipt of the claims decision represent to Us for reconsideration of the decision.

9. **Claim Payment Terms**

i. We shall have no liability to make payment of a claim under the Policy in respect of an Insured Person once the Sum Insured for that Insured Person is exhausted.
All claims will be payable in India and in Indian rupees.
ii. We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person could have reasonably minimized the costs incurred, or that is brought about or contributed to by the Insured Person by failing to follow the directions, Medical Advice or guidance provided by a Medical Practitioner.
iii. The Sum Insured opted under the Policy shall be reduced by the amount payable / paid under the Policy terms and conditions and any optional covers applicable under the Policy and only the balance shall be available as the Sum Insured for the unexpired Policy Period.
iv. If the Insured Person suffers a relapse within 45 days from the date of discharge from the Hospital for which a claim has been made, then such relapse shall be deemed to be part of the same claim and all the limits for "Any one illness" under this Policy shall be applied as if they were under a single claim.
v. **For Cashless claims**, the payment shall be made to the Network Provider whose discharge would be complete and final.
vi. **For Reimbursement claims**, the payment shall be made to the Insured Person. In the unfortunate event of the Insured Person's death, we will pay the Nominee (as named in the Policy Schedule/ Certificate of Insurance) and in case of no Nominee, to the legal heir who holds a succession certificate or indemnity bond to that effect, whichever is available and whose discharge shall be treated as full and final discharge of Our liability under the Policy.

10. **Services offered by TPA**

Servicing of claims i.e., claim admissions and assessments, under this Policy by way of preauthorization of cashless treatment or processing of claims, as per the terms and conditions of the policy.
The services offered by a TPA shall not include:
a) Claim settlement and claim rejection;
b) Any services directly to any Insured Person or to any other person unless such service is in accordance with the terms and

conditions of the Agreement entered into with the Company.

11. **Payment of Claim**

All claims under the policy shall be payable in Indian currency only.

d.B. **Claim Process for Optional Covers**

1. **Claim Intimation**

In addition to the claim intimation process set out in the Base Cover, the following conditions apply in relation to the respective Options. Upon the discovery or occurrence of an Accident/ Critical Illness or any other contingency that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the Insured Person or the Nominee, as the case may be, must notify Us/ Our TPA either at the call centre or in writing and shall undertake the following:

In the case of Accidental Death Benefit/ PTD/ PPD/ Critical Illness (if applicable) -The Insured Person or the Nominee, as the case may be, shall notify Us either at the call centre or in writing, within 10 days from the date of occurrence of such Accident/diagnosis of a Critical Illness.

2. **Reimbursement Process**

In addition to the documents mentioned in the Base Cover claim reimbursement process, the following additional documents will be required for reimbursement claim for the respective Options.

Optional Cover	**Additional Documents Required**
Critical Illness – Benefit Cover	The Insured Person may submit the following documents for reimbursement of the claim to our policy issuing office at his/her own expense ninety (90) days from the date of first diagnosis of the Illness/ date of Surgical Procedure or date of occurrence of the medical event, as the case may be Medical certificate confirming the diagnosis of Critical Illness. Discharge certificate/ card from the Hospital, if any. Investigation test reports confirming the diagnosis. First consultation letter and subsequent prescriptions. Indoor case papers, if applicable. Specific documents listed under the respective Critical Illness. Any other documents as may be required by Us. In those cases, where Critical Illness arises due to an Accident, a copy of the FIR or medico legal certificate will be required, wherever conducted.
Out- Patient Cover	The Insured Person shall avail these benefits as defined in Policy T&C if opted for. **Submission of claim** Invoices, treating Medical Practitioner's prescription, reports, duly signed by Insured Person as the case may be, to the TPA Head Office **Assessment of claim documents** We shall assess the claim documents and ascertain the admissibility of claim. **Settlement & Repudiation of a claim** We shall settle claims, including its rejection, within 15 days of the receipt of the last 'necessary' document.
Dental Expenses Cover & Vision Expenses Cover	The Insured Person shall avail these Benefits as defined below, if opted for. **Submission of claim** Insured Person can send the claim form provided along with the invoices, treating Medical Practitioner's prescription, reports, duly signed by the Insured Person as the case may be, to Our branch office or head office. **Assessment of claim documents** We shall assess the claim documents and ascertain the admissibility of claim. **Settlement & Repudiation of a claim** We shall settle claims, including its rejection, within 15 days of the receipt of the last 'necessary' document. In respect of Orthodontic Treatment claims for Dependent Children below 18 years, pre-authorisation is a must. For claims in respect of Orthodontic Treatment towards Dependent Children below 18 years, the Employee/ Member or Dependent must send the following information prepared by the Dentist who is to carry out the proposed Treatment to Us before Treatment starts, so that We can confirm the Benefit that will be payable: •Full description of the proposed Treatment; •X-rays and study models; •An estimate of the cost of the Treatment. Any Benefit will be payable only if We have authorised the cover before Treatment starts.
Refractive Error Correction Expenses Cover	Prescription from Specialist Medical Practitioner specifying the refractive error and medical necessity of the Treatment.
Home Nursing Charges Cover	Bills from registered nursing service provider.
Air Ambulance Cover	Air ambulance ticket for registered service provider.
Emergency Evacuation Cover	In the event of an Insured Person requiring Emergency evacuation and repatriation, the Insured Person must notify Us immediately either at Our call centre or in writing. Emergency medical evacuations shall be pre-authorised by Us. Our team of Specialists in association with the Emergency assistance service provider shall determine the medical necessity of such Emergency evacuation or repatriation post which the same will be approved.
Medical Equipment Cover	Prescriptions of treating Specialist for support items and original invoice of actual Medical Expenses incurred.
Ultra-modern Treatment Cover	Certificate by qualified medical surgeons indicating the medical necessity of the procedure.
Birth Control Procedure Cover	All medical records and treating Medical Practitioner's certificate on the indication.
Infertility Treatment Cover	Certificate from Specialist Medical Practitioner detailing the cause of infertility, Treatment, procedure.
	Any claim towards Hospitalisation during the Policy period must be submitted to Us for assessment in accordance with the claim

Deductible (Aggregate/ Per-Claim)	process laid down under Clause VI of the Policy towards Cashless facility or reimbursement respectively in order to assess and determine the applicability of the Deductible on such claim. Once the claim has been assessed, if any amount becomes payable after applying the Deductible, We will assess and pay such claim in accordance with Clause VI.6 and 7 of the Policy. Wherever such Hospitalisation claims as stated under Clause VI above is being covered under another policy held by the Insured Person, We will assess the claim on available photocopies duly attested by the Insured Person's insurer / TPA as the case may be.

We may call for any additional document/information as required based on the circumstances of the claim wherever the claim is under further investigation or available documents do not provide clarity.

Annexure-I

Uni Group Health Insurance Policy

List I - Optional Items

Sr. No	Item	Payable / Not Payable
1	BABY FOOD	Not Payable
2	BABY UTILITIES CHARGES	Not Payable
3	BEAUTY SERVICES	Not Payable
4	BELTS/ BRACES	Payable for cases who have undergone surgery of thoracic or lumbar spine.
5	BUDS	Not Payable
6	COLD PACK/HOT PACK	Not Payable
7	CARRY BAGS	Not Payable
8	EMAIL / INTERNET CHARGES	Not Payable
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
10	LEGGINGS	Payable in case of varicose vein surgery
11	LAUNDRY CHARGES	Not Payable
12	MINERAL WATER	Not Payable
13	SANITARY PAD	Not Payable
14	TELEPHONE CHARGES	Not Payable
15	GUEST SERVICES	Not Payable
16	CREPE BANDAGE	Not Payable
17	DIAPER OF ANY TYPE	Not Payable
18	EYELET COLLAR	Not Payable
19	SLINGS	Reasonable costs for one sling in case of upper arm fractures is payable
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
22	Television Charges	Payable under room charges not if separately levied
23	SURCHARGES	Part of Room Charge, Not payable separately
24	ATTENDANT CHARGES	Not Payable - Part of Room Charges
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
26	BIRTH CERTIFICATE	Not Payable
27	CERTIFICATE CHARGES	Not Payable
28	COURIER CHARGES	Not Payable
29	CONVEYANCE CHARGES	Not Payable
30	MEDICAL CERTIFICATE	Not Payable
31	MEDICAL RECORDS	Not Payable
32	PHOTOCOPIES CHARGES	Not Payable
33	MORTUARY CHARGES	Payable up to 24 hours, shifting charges not payable
34	WALKING AIDS CHARGES	Not Payable
35	OXYGEN CYLINDER (FOR USAGE OUTSTDE THE HOSPITAL)	Not Payable
36	SPACER	Not Payable
37	SPIROMETRE	Device not payable
38	NEBULIZER KIT	Not Payable
39	STEAM INHALER	Not Payable
40	ARMSLING	Not Payable
41	THERMOMETER	Not Payable
42	CERVICAL COLLAR	Not Payable
43	SPLINT	Not Payable
44	DIABETIC FOOT WEAR	Not Payable
45	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
47	LUMBO SACRAL BELT	Payable for cases who have undergone surgery of lumbar spine
48	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable
51	ABDOMINAL BINDER	Payable for cases who have undergone surgery of lumbar spine.
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Payable in post hospitalisation
53	SUGAR FREE Tablets	Payable -Sugar free variants of admissible medicines are not excluded
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
55	ECG ELECTRODES	Up to 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day is payable.

56	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
57	NEBULISATION KIT	Payable reasonably if used during hospitalisation
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
59	KIDNEY TRAY	Not Payable
60	MASK	Not Payable
61	OUNCE GLASS	Not Payable
62	OXYGEN MASK	Not Payable
63	PELVIC TRACTION BELT	Payable in case of PIVD requiring traction
64	PAN CAN	Not Payable
65	TROLLEY COVER	Not Payable
66	UROMETER, URINE JUG	Not Payable
67	AMBULANCE	Payable
68	VASOFIX SAFETY	Payable - maximum of 3 in 48 hours and then 1 in 24 hours

List II - Items that are to be subsumed into Room Charges

Sr. No	Item	Sr. No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	20	LUXURY TAX
2	HAND WASH	21	HVAC
3	SHOE COVER	22	HOUSE KEEPING CHARGES
4	CAPS	23	AIR CONDITIONER CHARGES
5	CRADLE CHARGES	24	IM IV INJECTION CHARGES
6	COMB	25	CLEAN SHEET
7	EAU DE-COLOGNE / ROOM FRESHNERS	26	BLANKET/WARMER BLANKET
8	FOOT COVER	27	ADMISSION KIT
9	GOWN	28	DIABETIC CHART CHARGES
10	SLIPPERS	29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
11	TISSUE PAPER	30	DISCHARGE PROCEDURE CHARGES
12	TOOTH PASTE	31	DAILY CHART CHARGES
13	TOOTH BRUSH	32	ENTRANCE PASS / VISTOR'S PASS CHARGES
14	BED PAN	33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
15	FACE MASK	34	FILE OPENING CHARGES
16	FLEXI MASK	35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
17	HAND HOLDER	36	PATIENT IDENTIFICATION BAND / NAME TAG
18	SPUTUM CUP	37	PULSE OXIMETER CHARGES
19	DISINFECTANT LOTIONS		

List III - Items that are to be subsumed into Procedure Charges

Sr. No	Item	Sr. No	Item
1	HAIR REMOVAL CREAM	13	SURGICAL DRILL
2	DISPOSABLES RAZORS CHARGES (for site preparations)	14	EYE KIT
3	EYE PAD	15	EYE DRAPE
4	EYE SHIELD	16	X-RAY FILM
5	CAMERA COVER	17	BOYLES APPARATUS CHARGES
6	DVD, CD CHARGES	18	COTTON
7	GAUZE SOFT	19	COTTON BANDAGE
8	GAUZE	20	SURGICAL
9	WARD AND THEATRE BOOKING CHARGES	21	APRON
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	22	TORNIQUET
11	MICROSCOPE COVER	23	ORTHOBUNDLE, GYNAEC BUNDLE
12	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER		

List IV - Items that are to be subsumed into costs of treatment

Sr. No	Item	Sr. No	Item
1	ADMISSION/REGISTRATION CHARGS	10	HIV KIT
2	HOSPITALISATION FOR EVALUATION/DIAGNOSTIC PURPOSE	11	ANTISEPTIC MOUTHWASH
3	URINE CONTAINER	12	LOZENGES
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	13	MOUTH PAINT
5	BIPAP MACHINE	14	VACCINATION CHARGES
6	CPAP/ CAPD EQUIPMENTS	15	ALCOHOL SWABS
7	INFUSION PUMP-COST	16	SCRUB SOLUTIONS / STERILLIUM
8	HYDROGEN PEROXIDE / SPIRIT / DISINFECTANTS ETC	17	GLUCOMETER & STRIPS
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES, DIET CHARGES	18	URINE BAG

Annexure-II
Details of Insurance Ombudsmen

Jurisdiction	Office of the Insurance Ombudsman
Gujarat, Dadra & Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel No: 079 - 25501201/02/05/06. Email: bimalokpal.ahmedabad@cioins.co.in
Karnataka	Office of the Insurance Ombudsman, Jeevan Soudha Building No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in
Madhya Pradesh, Chhattisgarh	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in
Odisha	Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar - 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in
Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in
Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in /div>
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Pan bazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in
Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in
Rajasthan	Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in
Kerala, Lakshadweep, Mahe- a part of Union Territory of Puducherry	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
West Bengal, Sikkim, Andaman & Nicobar Islands	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in
Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, GorakhpurGorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in
Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in
State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, KasganjKashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in
Bihar, Jharkhand.	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in
Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555

	Email: bimalokpal.pune@cioins.co.in

The updated details of Insurance Ombudsman are also available at:
•IRDAI website: https://www.irdai.gov.in/
•General Insurance Council website: https://www.gicouncil.in/
•Our Company Website: https://uiic.co.in/
•From any of the offices of our Company.

Corporate Office : Block G – 5th & 6th Floor, Gopalan Global Axis, 152, ITPL Main Road, opp. Satya Sai Hospital, EPIP Zone, KIADB Export Promotion Industrial Area, Whitefield, Bengaluru, Karnataka 560066
Phone: 91-80-40125678 Fax : 91-80-41159215 Email: care@vidalhealthtpa.com Website : www.vidalhealthtpa.com

Corporate name	LNMIIT
Policy No	1403012823P117569439
Policy Start date	28-Mar-2024
Policy End date	27-Mar-2025
Total Premium	
Total Earned premium	
Lives Count	649
Report Generated by :-	ajendra.singh@vidalhealth.com
Report Generated Date	09-Feb-2026 15:51

Table of Contents

1. Incurred Claims Ratio(ICR):

	Cashless		Member		Total	
Claim Status	No	Amt. (inRs.)	No	Amt. (inRs.)	No	Amt. (inRs.)
REPORTED	23	1790259	7	366913	30	2157172
APPROVED	0	0	0	0	0	0
AWAITING UTR	0	0	0	0	0	0
BILLS PENDING	0	0	0	0	0	0
CANCELLED	0	0	0	0	0	0
RECOMMENDED FOR APPROVAL	0	0	0	0	0	0
RECOMMENDED FOR REPUDIATION	0	0	0	0	0	0
REJECTED	3	153700	3	185183	6	338883
SETTLED	20	1579300	4	130585	24	1709885
SHORTFALL	0	0	0	0	0	0
UNDERPROCESS	0	0	0	0	0	0
OUTSTANDING	0	0	0	0	0	0
INCURRED (OS + Settled)	20	1579300	4	130585	24	1709885

ICR On EP*			79.65%
Incidence Rate			4.62%
Disposal Rate	100%	100%	100%
Cost per Claims(CPC)	78965	32646	71245

2. Hospitalisation Type Details:

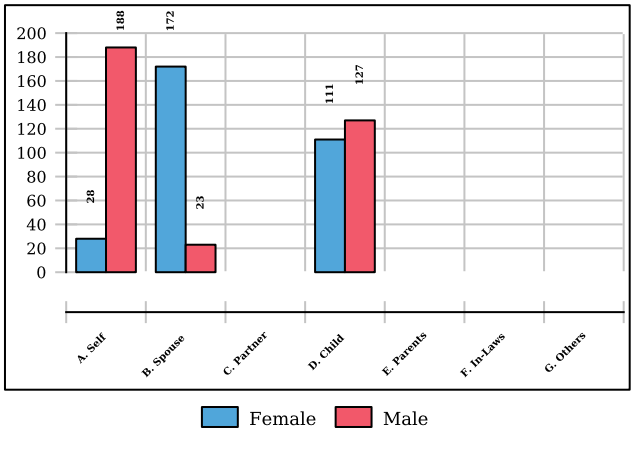
	Cashless		Member	
Claim Subtype	No	Amt. (inRs.)	No	Amt. (inRs.)
Claim benefit	0	0	0	0
Daycare	1	30000	2	56639
Domiciliary	0	0	0	0
Health_check_up	0	0	0	0
Hospitalization	19	1549300	2	41664
Ipd	0	0	0	0
Opd	0	0	0	0
Total	20	1579300	4	98303

*Considering Only Settled ,Approved and UTR Awaiting (Cheque Pending)

Notes:
ICR = (Settled Amt + Outstanding Amt) / Annual Premium
ICR on EP* = (Settled Amt + Outstanding Amt) / Earned Premium
Earned Premium = Prorated premium as on report generated date
Cost Per Claim(CPC) = Approved Amt / Number of Events(Main Claims) for IPD + Daycare Cases
Incidents Rate = No of Claim Events/ Lives
Disposal Rate = (Settled+Rejected+Awaiting UTR+Cancelled / Claims Reported)
* EP- Earned Premium ; O/S - Outstanding
* Event = Main Claims Only (Excluding Prepost and Addendum)

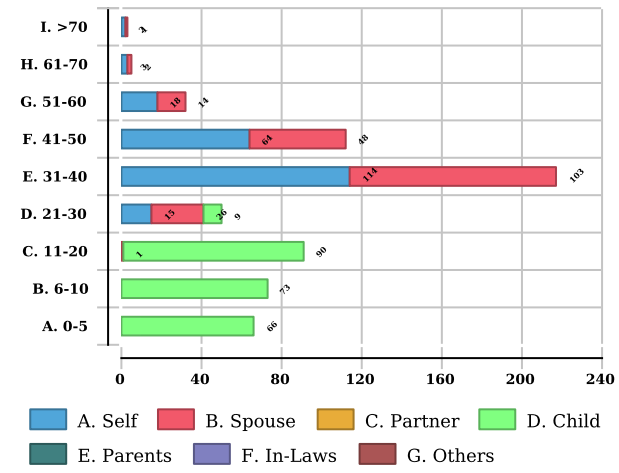
3. Member Details - Relationship & Gender wise :

Relation	Male	Female	Total	Percentage
A. Self	188	28	216	33.3%
B. Spouse	23	172	195	30%
C. Partner	0	0	0	0%
D. Child	127	111	238	36.7%
E. Parents	0	0	0	0%
F. In-Laws	0	0	0	0%
G. Others	0	0	0	0%
Total	338	311	649	100%
%	52%	48%	100%	



4. Member Details - Age Band & Relationshipwise :

AgeBand	Self	Spouse	Partner	Child	Parents	In-Laws	Others	Total	Percentage
A. 0-5	0	0	0	66	0	0	0	66	10.2%
B. 6-10	0	0	0	73	0	0	0	73	11.2%
C. 11-20	0	1	0	90	0	0	0	91	14%
D. 21-30	15	26	0	9	0	0	0	50	7.7%
E. 31-40	114	103	0	0	0	0	0	217	33.4%
F. 41-50	64	48	0	0	0	0	0	112	17.3%
G. 51-60	18	14	0	0	0	0	0	32	4.9%
H. 61-70	3	2	0	0	0	0	0	5	0.8%
I. >70	2	1	0	0	0	0	0	3	0.5%
Total	216	195	0	238	0	0	0	649	100%
%	33%	30%	0%	37%	0%	0%	0%	100%	



5.Claims Approved- Age Band & Relationship wise :

	Self		Spouse		Partner		Child		Parents		In Law		Other		Total		Total %	
category	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No. %	Amt.%
0-5	0	0	0	0	0	0	2	39350	0	0	0	0	0	0	2	39350	8.33%	2.30%
6-10	0	0	0	0	0	0	2	70423	0	0	0	0	0	0	2	70423	8.33%	4.12%
11-20	0	0	0	0	0	0	2	89056	0	0	0	0	0	0	2	89056	8.33%	5.21%
21-30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0.00%
31-40	3	632662	5	233303	0	0	0	0	0	0	0	0	0	0	8	865965	33.33%	50.64%
41-50	5	328034	2	230917	0	0	0	0	0	0	0	0	0	0	7	558951	29.17%	32.69%
51-60	2	56140	0	0	0	0	0	0	0	0	0	0	0	0	2	56140	8.33%	3.28%
61-70	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0.00%
>70	0	0	1	30000	0	0	0	0	0	0	0	0	0	0	1	30000	4.17%	1.75%
Total	**10**	**1016836**	**8**	**494220**	**0**	**0**	**6**	**198829**	**0**	**0**	**0**	**0**	**0**	**0**	**24**	**1709885**	**100.00%**	**100.00%**
%	**41.67%**	**59.47%**	**33.33%**	**28.90%**	**0.00%**	**0.00%**	**25.00%**	**11.63%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**100.00%**	**100.00%**		

*** Count is only for Approved Claims(Settled and Awaiting UTR(Cheque Pending)) .**

6. Claims Approved - Amount Band & Relationship wise :

	Self		Spouse		Partner		Child		Parents		In Law		Other		Total		Total %	
Age Band	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No. %	Amt.%
00K-10K	0	19021	1	7360	0	0	0	0	0	0	0	0	0	0	1	26381	4.17%	1.54%
10K-20K	1	12518	0	22643	0	0	2	34525	0	0	0	0	0	0	3	69686	12.50%	4.08%
20K-30K	1	25786	1	30000	0	0	1	24589	0	0	0	0	0	0	3	80375	12.50%	4.70%
30K-40K	2	71614	3	111259	0	0	0	0	0	0	0	0	0	0	5	182873	20.83%	10.70%
40K-50K	3	133813	0	0	0	0	2	89056	0	0	0	0	0	0	5	222869	20.83%	13.03%
50K-60K	1	56000	1	56000	0	0	1	50659	0	0	0	0	0	0	3	162659	12.50%	9.51%
60K-70K	0	0	1	67300	0	0	0	0	0	0	0	0	0	0	1	67300	4.17%	3.94%
70K-80K	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0.00%
80K-90K	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0.00%
90K-100K	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0.00%
>100K	2	698084	1	199658	0	0	0	0	0	0	0	0	0	0	3	897742	12.50%	52.50%
Total	**10**	**1016836**	**8**	**494220**	**0**	**0**	**6**	**198829**	**0**	**0**	**0**	**0**	**0**	**0**	**24**	**1709885**	**100.00%**	**100.00%**
%	**41.67%**	**59.47%**	**33.33%**	**28.90%**	**0.00%**	**0.00%**	**25.00%**	**11.63%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**100.00%**	**100.00%**		

*** Count is only for Approved Claims(Settled and Awaiting UTR (Cheque Pending)).**

7. Claims Approved- Top 15 Ailment wise :

	Self		Spouse		Partner		Child		Parents		In Law		Other		Total		Total %	
Ailment Group	No.	Amt. (Rs.)	No.	Amt. (Rs.	No.	Amt. (Rs.)	No.	Amt. (Rs	No.	Amt. (Rs.	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No. %	Amt.%
INJURY	2	601960	0	0	0	0	1	50659	0	0	0	0	0	0	3	652619	12.50%	38.17%
DIGESTIVE	2	212057	1	67840	0	0	1	49000	0	0	0	0	0	0	4	328897	16.67%	19.24%
CIRCULATORY	0	0	1	199658	0	0	0	0	0	0	0	0	0	0	1	199658	4.17%	11.68%
UROLOGY	1	25786	2	109362	0	0	0	0	0	0	0	0	0	0	3	135148	12.50%	7.90%
INFECTIOUS	2	71614	0	0	0	0	1	19764	0	0	0	0	0	0	3	91378	12.50%	5.34%
PREGNANCY	0	0	2	80000	0	0	0	0	0	0	0	0	0	0	2	80000	8.33%	4.68%
EYE	1	49279	1	30000	0	0	0	0	0	0	0	0	0	0	2	79279	8.33%	4.64%
RESPIRATORY	2	56140	0	0	0	0	0	0	0	0	0	0	0	0	2	56140	8.33%	3.28%
ABNORMAL CLINICAL AND LABORATOR	0	0	1	7360	0	0	2	39350	0	0	0	0	0	0	3	46710	12.50%	2.73%
NERVOUS	0	0	0	0	0	0	1	40056	0	0	0	0	0	0	1	40056	4.17%	2.34%
Total	**10**	**1016836**	**8**	**494220**	**0**	**0**	**6**	**198829**	**0**	**0**	**0**	**0**	**0**	**0**	**24**	**1709885**	**100.00%**	**100.00%**
%	**41.67%**	**59.47%**	**33.33%**	**28.90%**	**0.00%**	**0.00%**	**25.00%**	**11.63%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**100.00%**	**100.00%**		

8. Top 15 Cashless Hospital wise utilization:

Hospital ID	Hospital Name	Total Claims	Total Amount
HOS-JAI-6040	FORTIS ESCORTS HOSPITAL JAIPUR	11	980660
HOS-JAI-013243	ETERNAL HEARTCARE CENTRE & RESEARCH INSTITUTE PVT. LTD.	2	232320
HOS-JAI-018027	SURYA MOTHER AND CHILD CARE JAIPUR	3	92864
NNW-HOS-JAI-028530	ROYAL EYE CARE & RESEARCH CENTRE	1	49279
HOS-JAI-7386	SANTOKBA DURLABHJI MEMORIAL HOSPITAL CUM MEDICAL RESEARCH INSTITUTE	1	43622
HOS-JAI-020945	MANAS HOSPITAL (TRAUMA & GENERAL)	1	40912
HOS-DEL-1623	RUNGTA HOSPITAL	1	40000
HOS-JAI-7431	KOTA HEART INSTITUTE	1	40000
HOS-JAI-012417	MONILEK HOSPITAL & RESEARCH CENTRE	1	38952
HOS-DEL-1671	SAKET HOSPITAL	1	31259
HOS-DEL-597	SHROFF EYE CENTRE	1	30000
HOS-JAI-018281	AANCH ALLERGY ASTHMA & CHEST HOSPITAL	1	25786
HOS-LUC-6124	POPULAR MEDICARE LIMITED	1	24589
HOS-JAI-5564	CURE WELL HOSPITAL	1	19764
NNW-HOS-JAI-038482	VINAYAK JANANA & DOORBEEN HOSPITAL	1	12518

9. Claims Approved- Cashless & Member Summary:

type_of_claim	Events	Events %	Amount	Amount %
Member	4	16.67%	130585	7.64%
Cashless	20	83.33%	1579300	92.36%
Total	24	100 %	1709885	100 %

10. Turn Around Time (TAT) :

Preauth Processing TAT:

TAT Band	Nos.	Percentage
0 - 30 Mins	29	60.42
30 Mins - 1 Hrs	10	20.83
1 - 2 Hrs	4	8.33
2 - 3 Hrs	3	6.25
3 - 4 Hrs	1	2.08
4 - 6 Hrs	1	2.08
6 - 7 Hrs	0	0
7 - 12 Hrs	0	0
12 - 24 Hrs	0	0
Above 24 Hrs	0	0
Total	48	100%

Note: Approved and Rejected transactions (all fresh and enhancements) have been shown – LDR to decision.

10. Turn Around Time (TAT) :

Claim Processing TAT:

TAT Band	Nos.	Percentage
0-7	12	100
8-15	0	0
16-30	0	0
31-45	0	0
46-60	0	0
61-90	0	0
>90	0	0
Total	12	100%

Note: Only Settled,Awaiting UTR, Approved and Rejected claims are considered

11. Month on Month

	Hospitalization and Daycare		Other than Hospitalization		Total	
Admission_Month	Inc Count	Inc Amount	Inc Count	Inc Amount	Inc Count	Inc Amount
Apr 2024	2	72662	0	0	2	72662
May 2024	1	67418	0	0	1	67418
Jun 2024	2	212479	0	0	2	212479
Jul 2024	3	151971	0	0	3	151971
Aug 2024	3	290373	0	0	3	290373
Sep 2024	2	43777	0	0	2	43777
Oct 2024	6	184389	0	0	6	184389
Nov 2024	1	561048	0	0	1	561048
Dec 2024	1	49000	0	0	1	49000
Jan 2025	2	33146	0	0	2	33146
Mar 2025	1	43622	0	0	1	43622
TOTAL	24	1709885	0	0	24	1709885

12. Payout Ratio

Claim Amount	Settled Amount	Payout Ratio
1818289	1709885	94.04

13. Policy Details

PolicyNo	Corporate Name	Policy Start Date	Policy End Date	Total Premium	Lives	Earned Premium
140301/28/23/P1/17569439	LNMIIT	28-Mar-2024	27-Mar-2025		649	

VIDAL HEALTH
INSURANCE THIRD PARTY ADMINISTRATOR

Corporate Office : Block G – 5th & 6th Floor, Gopalan Global Axis, 152, ITPL Main Road, opp. Satya Sai Hospital, EPIP Zone, KIADB Export Promotion Industrial Area, Whitefield, Bengaluru, Karnataka 560066
Phone: 91-80-40125678 Fax : 91-80-41159215 Email: care@vidalhealthtpa.com Website : www.vidalhealthtpa.com

Corporate name	LNMIIT
Policy No	1403012824P120933044
Policy Start date	28-Mar-2025
Policy End date	27-Mar-2026
Total Premium	
Total Earned premium	
Lives Count	691
Report Generated by :-	ajendra.singh@vidalhealth.com
Report Generated Date	09-Feb-2026 15:53

Table of Contents

1. Incurred Claims Ratio(ICR):

	Cashless		Member		Total	
Claim Status	No	Amt. (inRs.)	No	Amt. (inRs.)	No	Amt. (inRs.)
REPORTED	20	1529050	5	179359	25	1708409
APPROVED	0	0	2	24710	2	24710
AWAITING UTR	0	0	0	0	0	0
BILLS PENDING	0	0	0	0	0	0
CANCELLED	0	0	0	0	0	0
RECOMMENDED FOR APPROVAL	0	0	0	0	0	0
RECOMMENDED FOR REPUDIATION	0	0	0	0	0	0
REJECTED	3	145300	1	5211	4	150511
SETTLED	16	1059519	2	106853	18	1166372
SHORTFALL	0	0	0	0	0	0
UNDERPROCESS	1	192950	0	0	1	192950
OUTSTANDING	1	192950	2	24710	3	217660
INCURRED (OS + Settled)	17	1252469	4	131563	21	1384032

ICR On EP*			62.58%
Incidence Rate			3.62%
Disposal Rate	95%	60%	88%
Cost per Claims(CPC)	66220	32891	59554

2. Hospitalisation Type Details:

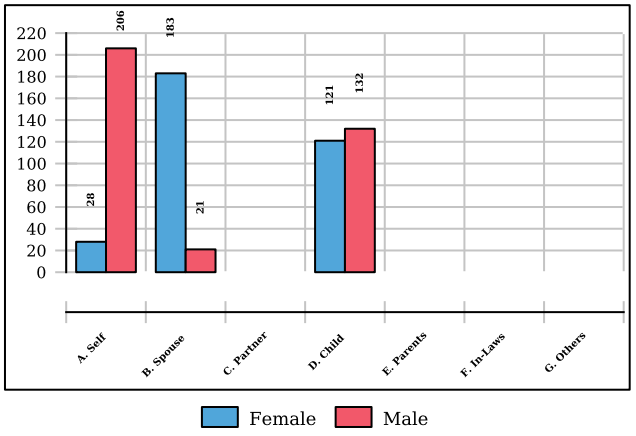
	Cashless		Member	
Claim Subtype	No	Amt. (inRs.)	No	Amt. (inRs.)
Claim benefit	0	0	0	0
Daycare	5	172480	1	14710
Domiciliary	0	0	0	0
Health_check_up	0	0	0	0
Hospitalization	11	887039	3	83571
Ipd	0	0	0	0
Opd	0	0	0	0
Total	16	1059519	4	98281

*Considering Only Settled ,Approved and UTR Awaiting (Cheque Pending)

Notes:
ICR = (Settled Amt + Outstanding Amt) / Annual Premium
ICR on EP* = (Settled Amt + Outstanding Amt) / Earned Premium
Earned Premium = Prorated premium as on report generated date
Cost Per Claim(CPC) = Approved Amt / Number of Events(Main Claims) for IPD + Daycare Cases
Incidents Rate = No of Claim Events/ Lives
Disposal Rate = (Settled+Rejected+Awaiting UTR+Cancelled / Claims Reported)
* EP- Earned Premium ; O/S - Outstanding
* Event = Main Claims Only (Excluding Prepost and Addendum)

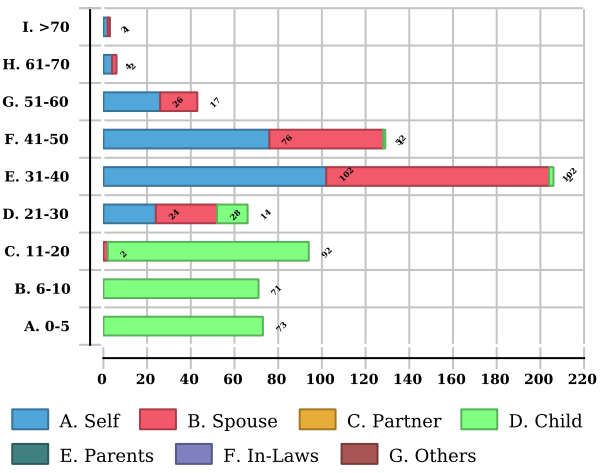
3. Member Details - Relationship & Gender wise :

Relation	Male	Female	Total	Percentage
A. Self	206	28	234	33.9%
B. Spouse	21	183	204	29.5%
C. Partner	0	0	0	0%
D. Child	132	121	253	36.6%
E. Parents	0	0	0	0%
F. In-Laws	0	0	0	0%
G. Others	0	0	0	0%
Total	359	332	691	100%
%	52%	48%	100%	



4. Member Details - Age Band & Relationshipwise :

AgeBand	Self	Spouse	Partner	Child	Parents	In-Laws	Others	Total	Percentage
A. 0-5	0	0	0	73	0	0	0	73	10.6%
B. 6-10	0	0	0	71	0	0	0	71	10.3%
C. 11-20	0	2	0	92	0	0	0	94	13.6%
D. 21-30	24	28	0	14	0	0	0	66	9.6%
E. 31-40	102	102	0	2	0	0	0	206	29.8%
F. 41-50	76	52	0	1	0	0	0	129	18.7%
G. 51-60	26	17	0	0	0	0	0	43	6.2%
H. 61-70	4	2	0	0	0	0	0	6	0.9%
I. >70	2	1	0	0	0	0	0	3	0.4%
Total	234	204	0	253	0	0	0	691	100%
%	34%	30%	0%	37%	0%	0%	0%	100%	



5.Claims Approved- Age Band & Relationship wise :

	Self		Spouse		Partner		Child		Parents		In Law		Other		Total		Total %	
category	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No. %	Amt.%
0-5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0.00%
6-10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0.00%
11-20	0	0	0	0	0	0	2	264525	0	0	0	0	0	0	2	264525	10.00%	22.21%
21-30	0	0	1	10000	0	0	0	0	0	0	0	0	0	0	1	10000	5.00%	0.84%
31-40	1	42071	6	213797	0	0	0	0	0	0	0	0	0	0	7	255868	35.00%	21.48%
41-50	6	441499	2	97440	0	0	0	0	0	0	0	0	0	0	8	538939	40.00%	45.25%
51-60	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0.00%
61-70	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0.00%
>70	0	0	2	121750	0	0	0	0	0	0	0	0	0	0	2	121750	10.00%	10.22%
Total	**7**	**483570**	**11**	**442987**	**0**	**0**	**2**	**264525**	**0**	**0**	**0**	**0**	**0**	**0**	**20**	**1191082**	**100.00%**	**100.00%**
%	**35.00%**	**40.60%**	**55.00%**	**37.19%**	**0.00%**	**0.00%**	**10.00%**	**22.21%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**100.00%**	**100.00%**		

*** Count is only for Approved Claims(Settled and Awaiting UTR(Cheque Pending)) .**

6. Claims Approved - Amount Band & Relationship wise :

	Self		Spouse		Partner		Child		Parents		In Law		Other		Total		Total %	
Age Band	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No. %	Amt.%
00K-10K	1	12236	1	17057	0	0	0	6200	0	0	0	0	0	0	2	35493	10.00%	2.98%
10K-20K	0	17779	1	14710	0	0	0	0	0	0	0	0	0	0	1	32489	5.00%	2.73%
20K-30K	0	0	2	40740	0	0	0	0	0	0	0	0	0	0	2	40740	10.00%	3.42%
30K-40K	1	31500	3	120000	0	0	0	0	0	0	0	0	0	0	4	151500	20.00%	12.72%
40K-50K	3	125585	1	46000	0	0	0	0	0	0	0	0	0	0	4	171585	20.00%	14.41%
50K-60K	0	0	1	56750	0	0	1	59794	0	0	0	0	0	0	2	116544	10.00%	9.78%
60K-70K	0	0	1	65000	0	0	0	0	0	0	0	0	0	0	1	65000	5.00%	5.46%
70K-80K	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0.00%
80K-90K	0	0	1	82730	0	0	0	0	0	0	0	0	0	0	1	82730	5.00%	6.95%
90K-100K	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0.00%
>100K	2	296470	0	0	0	0	1	198531	0	0	0	0	0	0	3	495001	15.00%	41.56%
Total	**7**	**483570**	**11**	**442987**	**0**	**0**	**2**	**264525**	**0**	**0**	**0**	**0**	**0**	**0**	**20**	**1191082**	**100.00%**	**100.00%**
%	**35.00%**	**40.60%**	**55.00%**	**37.19%**	**0.00%**	**0.00%**	**10.00%**	**22.21%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**100.00%**	**100.00%**		

*** Count is only for Approved Claims(Settled and Awaiting UTR (Cheque Pending)).**

7. Claims Approved- Top 15 Ailment wise :

	Self		Spouse		Partner		Child		Parents		In Law		Other		Total		Total %	
Ailment Group	No.	Amt. (Rs.)	No.	Amt. (Rs.	No.	Amt. (Rs.)	No.	Amt. (Rs	No.	Amt. (Rs.	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No. %	Amt.%
UROLOGY	2	205890	1	82730	0	0	0	0	0	0	0	0	0	0	3	288620	15.00%	24.23%
EYE	1	49279	4	162490	0	0	0	0	0	0	0	0	0	0	5	211769	25.00%	17.78%
NERVOUS	0	0	0	0	0	0	1	204731	0	0	0	0	0	0	1	204731	5.00%	17.19%
DIGESTIVE	2	85760	1	53057	0	0	0	0	0	0	0	0	0	0	3	138817	15.00%	11.65%
INJURY	1	132651	0	0	0	0	0	0	0	0	0	0	0	0	1	132651	5.00%	11.14%
PREGNANCY	0	0	4	130000	0	0	0	0	0	0	0	0	0	0	4	130000	20.00%	10.91%
INFECTIOUS	0	0	0	0	0	0	1	59794	0	0	0	0	0	0	1	59794	5.00%	5.02%
SKIN	0	0	1	14710	0	0	0	0	0	0	0	0	0	0	1	14710	5.00%	1.24%
OTHERS	1	9990	0	0	0	0	0	0	0	0	0	0	0	0	1	9990	5.00%	0.84%
Total	**7**	**483570**	**11**	**442987**	**0**	**0**	**2**	**264525**	**0**	**0**	**0**	**0**	**0**	**0**	**20**	**1191082**	**100.00%**	**100.00%**
%	**35.00%**	**40.60%**	**55.00%**	**37.19%**	**0.00%**	**0.00%**	**10.00%**	**22.21%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**100.00%**	**100.00%**		

8. Top 15 Cashless Hospital wise utilization:

Hospital ID	Hospital Name	Total Claims	Total Amount
HOS-JAI-6040	FORTIS ESCORTS HOSPITAL JAIPUR	6	390220
HOS-DEL-1889	APEX HOSPITAL (P) LTD	5	317582
HOS-DEL-597	SHROFF EYE CENTRE	2	121750
HOS-JAI-020945	MANAS HOSPITAL (TRAUMA & GENERAL)	1	82730
HOS-DEL-2357	ANAND HOSPITAL & EYE CENTRE	2	49279
HOS-JAI-020995	JAIN FERTILITY & MOTHER CARE HOSPITAL	1	42071
HOS-JAI-7386	SANTOKBA DURLABHJI MEMORIAL HOSPITAL CUM MEDICAL RESEARCH INSTITUTE	1	42000
HOS-THI-018130	TRINITY EYE HOSPITAL	2	40740
HOS-JAI-6656	NARAYANA MULTISPECIALITY HOSPITAL (A UNIT OF NARAYANA HRUDAYALAYA LIMITED)	1	40000
HOS-JAI-016419	COCOON HOSPITAL (A UNIT OF LINEAGE HEALTHCARE LTD - JAIPUR)	1	40000
NNW-HOS-JAI-110668	DEEPSIYA HOSPITAL	1	14710
HOS-JAI-022761	OM MOTHER & CHILD HOSPITAL	1	10000

9. Claims Approved- Cashless & Member Summary:

type_of_claim	Events	Events %	Amount	Amount %
Member	4	20.00%	131563	11.05%
Cashless	16	80.00%	1059519	88.95%
Total	20	100 %	1191082	100 %

10. Turn Around Time (TAT) :

Preauth Processing TAT:

TAT Band	Nos.	Percentage
0 - 30 Mins	30	73.17
30 Mins - 1 Hrs	7	17.07
1 - 2 Hrs	3	7.32
2 - 3 Hrs	0	0
3 - 4 Hrs	1	2.44
4 - 6 Hrs	0	0
6 - 7 Hrs	0	0
7 - 12 Hrs	0	0
12 - 24 Hrs	0	0
Above 24 Hrs	0	0
Total	41	100%

Note: Approved and Rejected transactions (all fresh and enhancements) have been shown – LDR to decision.

10. Turn Around Time (TAT) :

Claim Processing TAT:

TAT Band	Nos.	Percentage
0-7	9	100
8-15	0	0
16-30	0	0
31-45	0	0
46-60	0	0
61-90	0	0
>90	0	0
Total	9	100%

Note: Only Settled,Awaiting UTR, Approved and Rejected claims are considered

11. Month on Month

	Hospitalization and Daycare		Other than Hospitalization		Total	
Admission_Month	Inc Count	Inc Amount	Inc Count	Inc Amount	Inc Count	Inc Amount
Mar 2025	1	53057	0	0	1	53057
Apr 2025	1	49279	0	0	1	49279
May 2025	5	321722	0	0	5	321722
Jun 2025	2	40740	0	0	2	40740
Jul 2025	1	43760	0	0	1	43760
Aug 2025	1	82730	0	0	1	82730
Sep 2025	2	220569	0	0	2	220569
Oct 2025	3	109784	0	0	3	109784
Nov 2025	1	40000	0	0	1	40000
Dec 2025	3	229441	0	0	3	229441
TOTAL	20	1191082	0	0	20	1191082

12. Payout Ratio

Claim Amount	Settled Amount	Payout Ratio
1335948	1166372	87.31

13. Policy Details

PolicyNo	Corporate Name	Policy Start Date	Policy End Date	Total Premium	Lives	Earned Premium
140301/28/24/P1/20933044	LNMIIT	28-Mar-2025	27-Mar-2026		691	

Corporate Office : Block G – 5th & 6th Floor, Gopalan Global Axis, 152, ITPL Main Road, opp. Satya Sai Hospital, EPIP Zone, KIADB Export Promotion Industrial Area, Whitefield, Bengaluru, Karnataka 560066
Phone: 91-80-40125678 Fax : 91-80-41159215 Email: care@vidalhealthtpa.com Website : www.vidalhealthtpa.com

Corporate name	LNMIIT
Policy No	1403012822P113925661
Policy Start date	28-Mar-2023
Policy End date	27-Mar-2024
Total Premium	
Total Earned premium	
Lives Count	577
Report Generated by :-	ajendra.singh@vidalhealth.com
Report Generated Date	09-Feb-2026 15:50

Table of Contents

1. Incurred Claims Ratio(ICR):

	Cashless		Member		Total	
Claim Status	No	Amt. (inRs.)	No	Amt. (inRs.)	No	Amt. (inRs.)
REPORTED	25	1122542	5	659220	30	1781762
APPROVED	0	0	0	0	0	0
AWAITING UTR	0	0	0	0	0	0
BILLS PENDING	0	0	0	0	0	0
CANCELLED	0	0	0	0	0	0
RECOMMENDED FOR APPROVAL	0	0	0	0	0	0
RECOMMENDED FOR REPUDIATION	0	0	0	0	0	0
REJECTED	4	134646	1	7087	5	141733
SETTLED	21	952125	4	282408	25	1234533
SHORTFALL	0	0	0	0	0	0
UNDERPROCESS	0	0	0	0	0	0
OUTSTANDING	0	0	0	0	0	0
INCURRED (OS + Settled)	21	952125	4	282408	25	1234533

ICR On EP*			56.97%
Incidence Rate			5.2%
Disposal Rate	100%	100%	100%
Cost per Claims(CPC)	45339	70602	49381

2. Hospitalisation Type Details:

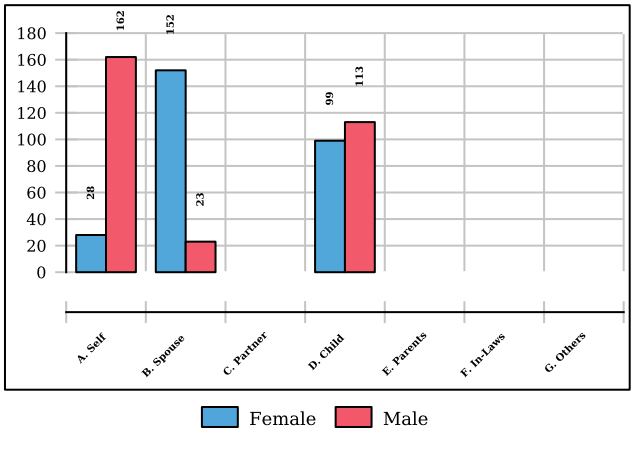
	Cashless		Member	
Claim Subtype	No	Amt. (inRs.)	No	Amt. (inRs.)
Claim benefit	0	0	0	0
Daycare	0	0	0	0
Domiciliary	0	0	0	0
Health_check_up	0	0	0	0
Hospitalization	21	952125	4	223083
Ipd	0	0	0	0
Opd	0	0	0	0
Total	21	952125	4	223083

*Considering Only Settled ,Approved and UTR Awaiting (Cheque Pending)

Notes:
ICR = (Settled Amt + Outstanding Amt) / Annual Premium
ICR on EP* = (Settled Amt + Outstanding Amt) / Earned Premium
Earned Premium = Prorated premium as on report generated date
Cost Per Claim(CPC) = Approved Amt / Number of Events(Main Claims) for IPD + Daycare Cases
Incidents Rate = No of Claim Events/ Lives
Disposal Rate = (Settled+Rejected+Awaiting UTR+Cancelled / Claims Reported)
* EP- Earned Premium ; O/S - Outstanding
* Event = Main Claims Only (Excluding Prepost and Addendum)

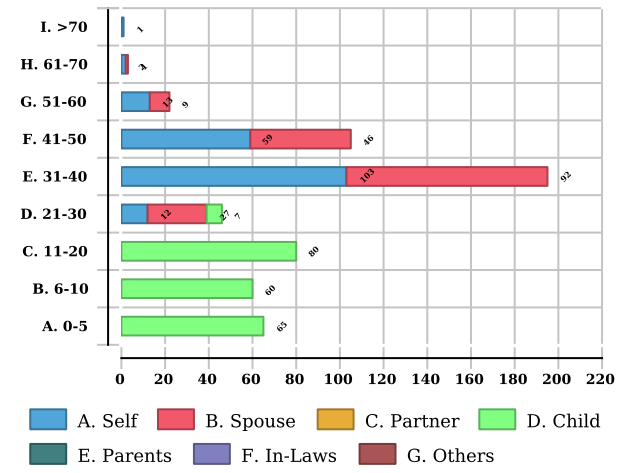
3. Member Details - Relationship & Gender wise :

Relation	Male	Female	Total	Percentage
A. Self	162	28	190	32.9%
B. Spouse	23	152	175	30.3%
C. Partner	0	0	0	0%
D. Child	113	99	212	36.7%
E. Parents	0	0	0	0%
F. In-Laws	0	0	0	0%
G. Others	0	0	0	0%
Total	298	279	577	100%
%	52%	48%	100%	



4. Member Details - Age Band & Relationshipwise :

AgeBand	Self	Spouse	Partner	Child	Parents	In-Laws	Others	Total	Percentage
A. 0-5	0	0	0	65	0	0	0	65	11.3%
B. 6-10	0	0	0	60	0	0	0	60	10.4%
C. 11-20	0	0	0	80	0	0	0	80	13.9%
D. 21-30	12	27	0	7	0	0	0	46	8%
E. 31-40	103	92	0	0	0	0	0	195	33.8%
F. 41-50	59	46	0	0	0	0	0	105	18.2%
G. 51-60	13	9	0	0	0	0	0	22	3.8%
H. 61-70	2	1	0	0	0	0	0	3	0.5%
I. >70	1	0	0	0	0	0	0	1	0.2%
Total	190	175	0	212	0	0	0	577	100%
%	33%	30%	0%	37%	0%	0%	0%	100%	



5.Claims Approved- Age Band & Relationship wise :

	Self		Spouse		Partner		Child		Parents		In Law		Other		Total		Total %	
category	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No. %	Amt.%
0-5	0	0	0	0	0	0	3	168953	0	0	0	0	0	0	3	168953	12.00%	13.69%
6-10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0.00%
11-20	0	0	0	0	0	0	4	114610	0	0	0	0	0	0	4	114610	16.00%	9.28%
21-30	0	0	1	50000	0	0	0	0	0	0	0	0	0	0	1	50000	4.00%	4.05%
31-40	2	66250	9	493153	0	0	0	0	0	0	0	0	0	0	11	559403	44.00%	45.31%
41-50	2	53962	4	287605	0	0	0	0	0	0	0	0	0	0	6	341567	24.00%	27.67%
51-60	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0.00%
61-70	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0.00%
>70	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0.00%
Total	**4**	**120212**	**14**	**830758**	**0**	**0**	**7**	**283563**	**0**	**0**	**0**	**0**	**0**	**0**	**25**	**1234533**	**100.00%**	**100.00%**
%	**16.00%**	**9.74%**	**56.00%**	**67.29%**	**0.00%**	**0.00%**	**28.00%**	**22.97%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**100.00%**	**100.00%**		

*** Count is only for Approved Claims(Settled and Awaiting UTR(Cheque Pending)) .**

6. Claims Approved - Amount Band & Relationship wise :

	Self		Spouse		Partner		Child		Parents		In Law		Other		Total		Total %	
Age Band	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No. %	Amt.%
00K-10K	0	0	0	9905	0	0	0	2958	0	0	0	0	0	0	0	12863	0.00%	1.04%
10K-20K	2	28117	0	0	0	0	1	34363	0	0	0	0	0	0	3	62480	12.00%	5.06%
20K-30K	0	0	1	55000	0	0	2	45657	0	0	0	0	0	0	3	100657	12.00%	8.15%
30K-40K	0	0	2	68060	0	0	1	35000	0	0	0	0	0	0	3	103060	12.00%	8.35%
40K-50K	2	92095	6	287944	0	0	1	46194	0	0	0	0	0	0	9	426233	36.00%	34.53%
50K-60K	0	0	3	166744	0	0	1	51052	0	0	0	0	0	0	4	217796	16.00%	17.64%
60K-70K	0	0	0	0	0	0	1	68339	0	0	0	0	0	0	1	68339	4.00%	5.54%
70K-80K	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0.00%
80K-90K	0	0	1	86500	0	0	0	0	0	0	0	0	0	0	1	86500	4.00%	7.01%
90K-100K	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0.00%
>100K	0	0	1	156605	0	0	0	0	0	0	0	0	0	0	1	156605	4.00%	12.69%
Total	**4**	**120212**	**14**	**830758**	**0**	**0**	**7**	**283563**	**0**	**0**	**0**	**0**	**0**	**0**	**25**	**1234533**	**100.00%**	**100.00%**
%	**16.00%**	**9.74%**	**56.00%**	**67.29%**	**0.00%**	**0.00%**	**28.00%**	**22.97%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**100.00%**	**100.00%**		

*** Count is only for Approved Claims(Settled and Awaiting UTR (Cheque Pending)).**

7. Claims Approved- Top 15 Ailment wise :

	Self		Spouse		Partner		Child		Parents		In Law		Other		Total		Total %	
Ailment Group	No.	Amt. (Rs.)	No.	Amt. (Rs.	No.	Amt. (Rs.)	No.	Amt. (Rs	No.	Amt. (Rs.	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No. %	Amt.%
PREGNANCY	1	49000	6	274949	0	0	0	0	0	0	0	0	0	0	7	323949	28.00%	26.24%
NERVOUS	0	0	1	156605	0	0	0	0	0	0	0	0	0	0	1	156605	4.00%	12.69%
DIGESTIVE	1	17250	2	112000	0	0	0	0	0	0	0	0	0	0	3	129250	12.00%	10.47%
NEOPLASM	0	0	1	116500	0	0	0	0	0	0	0	0	0	0	1	116500	4.00%	9.44%
RESPIRATORY	0	0	0	0	0	0	2	97656	0	0	0	0	0	0	2	97656	8.00%	7.91%
OTHERS	0	0	1	54744	0	0	2	38382	0	0	0	0	0	0	3	93126	12.00%	7.54%
PREGNANCY RELATED	0	0	2	90960	0	0	0	0	0	0	0	0	0	0	2	90960	8.00%	7.37%
INFECTIOUS	1	10867	0	0	0	0	1	71297	0	0	0	0	0	0	2	82164	8.00%	6.66%
ABNORMAL CLINICAL AND LABORATOR	0	0	0	0	0	0	1	51052	0	0	0	0	0	0	1	51052	4.00%	4.14%
EYE	1	43095	0	0	0	0	0	0	0	0	0	0	0	0	1	43095	4.00%	3.49%
UROLOGY	0	0	0	0	0	0	1	25176	0	0	0	0	0	0	1	25176	4.00%	2.04%
EAR	0	0	1	25000	0	0	0	0	0	0	0	0	0	0	1	25000	4.00%	2.03%
Total	**4**	**120212**	**14**	**830758**	**0**	**0**	**7**	**283563**	**0**	**0**	**0**	**0**	**0**	**0**	**25**	**1234533**	**100.00%**	**100.00%**
%	**16.00%**	**9.74%**	**56.00%**	**67.29%**	**0.00%**	**0.00%**	**28.00%**	**22.97%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**100.00%**	**100.00%**		

8. Top 15 Cashless Hospital wise utilization:

Hospital ID	Hospital Name	Total Claims	Total Amount
HOS-JAI-6040	FORTIS ESCORTS HOSPITAL JAIPUR	9	502817
HOS-JAI-6656	NARAYANA MULTISPECIALITY HOSPITAL (A UNIT OF NARAYANA HRUDAYALAYA LIMITED)	3	94965
HOS-JAI-016419	COCOON HOSPITAL (A UNIT OF LINEAGE HEALTHCARE LTD - JAIPUR)	2	89960
NNW-HOS-RAN-046778	HOPE HOSPITAL	2	71297
HOS-DEL-2357	ANAND HOSPITAL & EYE CENTRE	1	54744
HOS-JAI-019394	JNU HOSPITAL	2	53962
HOS-JAI-013243	ETERNAL HEARTCARE CENTRE & RESEARCH INSTITUTE PVT. LTD.	1	51052
NNW-HOS-KOL-075471	NEOTIA BHAGIRATHI WOMAN AND CHILD CARE CENTRE	1	50000
HOS-DEL-4457	ASHIRWAD HOSPITAL & RESEARCH CENTRE	1	50000
HOS-JAI-018027	SURYA MOTHER AND CHILD CARE JAIPUR	1	47984
HOS-KOL-827	RUBY GENERAL HOSPITAL LIMITED	1	46194
HOS-JAI-015622	RUKMANI BIRLA HOSPITAL (A UNIT OF THE CALCUTTA MEDICAL RESEARCH INSTITUTE)	2	38382
HOS-DEL-3333	TAGORE HOSPITAL & RESEARCH INSTITUTE	1	33000
HOS-DEL-1671	SAKET HOSPITAL	1	25176
HOS-JAI-016225	ADINATH E.N.T. & GENERAL HOSPITAL - JAIPUR	1	25000

9. Claims Approved- Cashless & Member Summary:

type_of_claim	Events	Events %	Amount	Amount %
Member	4	16.00%	282408	22.88%
Cashless	21	84.00%	952125	77.12%
Total	25	100 %	1234533	100 %

10. Turn Around Time (TAT) :

Preauth Processing TAT:

TAT Band	Nos.	Percentage
0 - 30 Mins	15	30
30 Mins - 1 Hrs	15	30
1 - 2 Hrs	9	18
2 - 3 Hrs	6	12
3 - 4 Hrs	3	6
4 - 6 Hrs	2	4
6 - 7 Hrs	0	0
7 - 12 Hrs	0	0
12 - 24 Hrs	0	0
Above 24 Hrs	0	0
Total	50	100%

Note: Approved and Rejected transactions (all fresh and enhancements) have been shown – LDR to decision.

10. Turn Around Time (TAT) :

Claim Processing TAT:

TAT Band	Nos.	Percentage
0-7	8	88.89
8-15	0	0
16-30	0	0
31-45	0	0
46-60	0	0
61-90	0	0
>90	1	11.11
Total	9	100%

Note: Only Settled,Awaiting UTR, Approved and Rejected claims are considered

11. Month on Month

	Hospitalization and Daycare		Other than Hospitalization		Total	
Admission_Month	Inc Count	Inc Amount	Inc Count	Inc Amount	Inc Count	Inc Amount
Apr 2023	5	325508	0	0	5	325508
May 2023	2	89198	0	0	2	89198
Jun 2023	3	214484	0	0	3	214484
Jul 2023	3	95141	0	0	3	95141
Aug 2023	5	198345	0	0	5	198345
Sep 2023	1	51052	0	0	1	51052
Oct 2023	1	50000	0	0	1	50000
Nov 2023	1	54744	0	0	1	54744
Dec 2023	1	46194	0	0	1	46194
Jan 2024	1	50000	0	0	1	50000
Feb 2024	1	49000	0	0	1	49000
Mar 2024	1	10867	0	0	1	10867
TOTAL	25	1234533	0	0	25	1234533

12. Payout Ratio

Claim Amount	Settled Amount	Payout Ratio
1640029	1234533	75.28

13. Policy Details

PolicyNo	Corporate Name	Policy Start Date	Policy End Date	Total Premium	Lives	Earned Premium
140301/28/22/P1/13925661	LNMIIT	28-Mar-2023	27-Mar-2024	[illegible]	577	[illegible]