

**SCHEME :1**

**Post Retirement Medical Benefit Scheme**

It is to inform you that the existing Group Medclaim Policy (Post Retirement Medical Benefit Scheme with M/s National Insurance Company Limited) for the benefit of retired employees of HNL will continue only upto 31.12.2017. As an alternative it has been decided to offer a new Medical Insurance Scheme namely Punjab National Bank- Oriental Royal Medi-Claim (Family Floater) Policy. The scheme stipulates 2-year gestation period for availing maximum benefit. Meantime, if you are willing to join the new scheme now itself for availing the maximum benefit after 31.12.2017, you may open an individual account with any branch of Punjab National Bank and inform the details to HR&ES department of HNL. The Company will pay 30% of the premium for only one policy as per the option of the retired employee for the coverage of Rs.200,000/- (Rupees Two lakhs only). From 01.01.2018, the new scheme ie PNB-Oriental Royal Medclaim Policy alone will be in force and will continue till the Company continues this Policy.

This scheme will cover 4 (four) members in the family ie. insured person, spouse and two children subject to certain terms and conditions. This new scheme also allows to have the coverage upto Rs.5 lakh. However the company will bear only 30% of the premium for the coverage of Rs.2 lakh (Rupees two lakhs only).

We solicit your early response to enable us to proceed further in this matter.

**for and on behalf of HNL,**

*Ab*  
25/9/2015

**Sr. Manager (HR&ES) & L**

# THE ORIENTAL INSURANCE COMPANY LIMITED,

Regd. Office: Oriental House, P.B. No. 7037, A-25/ 27, Asaf Ali Road, New Delhi 110002



## PNB –Oriental Royal Mediclaim Policy

(WITH FAMILY FLOATER)

FOR THE ACCOUNT HOLDERS / EMPLOYEES OF THE PUNJAB NATIONAL BANK

### PROSPECTUS

#### 1.1 Salient Features of the policy.

- a. a) This Mediclaim Policy will be available to any Account Holders / Employees of PUNJAB NATIONAL BANK - (PNB)
  - b) The policy will be issued in accordance with IRDA guidelines, in the name of PUNJAB NATIONAL BANK (called insured) with a schedule of names of the Account Holders / Employees of PUNJAB NATIONAL BANK including his/her eligible family members as per the following definition.
- b. **Definition of Family :** FAMILY TO INCLUDE THE PROPOSER i.e., ACCOUNT HOLDER/EMPLOYEE of the Punjab National Bank (PNB). HIS/HER SPOUSE AND TWO DEPENDENT CHILDREN ( i.e. legitimate or legally adopted children) AGED 3 COMPLETED MONTHS ONWARDS UPTO 79 YEARS AS UNDER:
  - FEMALE CHILD UNTIL SHE IS MARRIED. IMMEDIATELY CONSEQUENT UPON HER MARRIAGE SHE SHALL BE CEASED TO BE COVERED UNDER THE POLICY AND NO CLAIM SHALL BE ADMISSIBLE.
  - MALE CHILD UPTO THE AGE OF 26 YEARS IF HE IS A BONAFIDE REGULAR STUDENT AND FULLY DEPENDENT ON PROPOSER i.e., THE PNB ACCOUNT HOLDER.

1.2 The policy reimburses reasonable and necessary expenses of Hospitalisation and / or Domiciliary Hospitalisation expenses as detailed below only for illness / diseases contracted or injury sustained by the Insured Persons during the policy period upto the limit of Sum Insured.

- a. Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home not exceeding 1 % of the Sum Insured or Rs. 5000 /- per day whichever is less.
- b. **I.C. Unit expenses** not exceeding 2% of the Sum Insured or Rs. 10,000 /- per day whichever is less. (Room stay including I.C.U. stay should not exceed total number of admission days).
- c. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees.

- d. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Artificial Limbs, Cost of Prosthetic devices implanted during surgical procedure like pacemaker, Relevant Laboratory / Diagnostic test, X-Ray etc.
- e. **Ambulance services** - 1% of the sum insured or Rs 1000/- whichever is less.
- f. **Hospital Cash:** Reimbursement of incidental expenses during the period of hospitalisation of the Proposer i.e., the PUNJAB NATIONAL BANK Account Holder only – actual subject to a maximum of Rs.1,000 during the entire policy period.
- g. **Reimbursement of Funeral Expenses:** In the event of death of the Insured Person due to an insured peril covered under the scope of the Policy the company shall reimburse actual funeral expenses subject to a maximum of Rs.1,000 during the policy period.
- h. **Domiciliary Hospitalisation:** Surgeon, Medical Practitioner, Consultants, Specialists Fees, Blood, Oxygen, Surgical Appliances, Medicines & Drugs, Diagnostic Material and Dialysis, Chemotherapy, Nursing expenses - 10% of Sum Insured, Maximum Rs.25000/- during policy period.
- 1.3 **Cash less Facility:** This facility is available in the Network Hospitals through the appointed TPAs of the company.

## 2. DEFINITIONS

- 2.1 **HOSPITAL/NURSING HOME:** A hospital/Nursing home means any institution established for in-patient care and day care treatment of sickness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
  - has qualified nursing staff under its employment round the clock;
  - has qualified medical practitioner (s) in charge round the clock;
  - has a fully equipped operation theatre of its own where surgical procedures are carried out
  - maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

The term 'Hospital/Nursing Home' shall not include an establishment which is a place of rest and / or recuperation, a place for the aged persons, a rehabilitation centre for drug addicts or alcoholics, a hotel or a similar place.

Note: In case of Ayurvedic / Homeopathic / Unani treatment, the Company shall be liable only when the treatment is taken as in patient in a Government Hospital / Medical College Hospital.

- 2.2 **Surgical Operation** 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 of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

- 2.3 **HOSPITALISATION PERIOD:** Expenses on Hospitalisation are admissible only if hospitalisation is for a minimum period of 24 (twenty four) hours. However,

- (A) This time limit SHALL not apply to following specific treatments taken in the Network Hospital / Nursing Home where the Insured is discharged on the same day. Such treatment SHALL be considered to be taken under Hospitalisation Benefit.
- i. Dialysis (haemo dialysis, Peritoneal dialysis)
  - ii. Parental Chemotherapy (injectible)

- iii. Radiotherapy,
- iv. Eye Surgery,
- v. Lithotripsy (kidney stone removal),
- vi. Tonsillectomy,
- vii. Dilation and Curettage (D&C)
- viii. Dental surgery following an accident
- ix. Hysterectomy
- x. Coronary Angioplasty
- xi. Coronary Angiography
- xii. Surgery of Gall bladder, Pancreas and bile duct
- xiii. Surgery of Hernia
- xiv. Surgery of Hydrocele.
- xv. Surgery of Prostrate.
- xvi. Gastrointestinal Surgery.
- xvii. Genital Surgery.
- xviii. Surgery of Nose.
- xix. Surgery of throat and ear.
- xx. Surgery of Appendix.
- xxi. Surgery of Urinary System.
- xxii. Treatment of fractures / dislocation excluding hair line fracture, Contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalisation.
- xxiii. Arthroscopic Knee surgery.
- xxiv. Laproscopic therapeutic surgeries.
- xxv. Any surgery under General Anaesthesia.
- xxvi. Any such disease / procedure agreed by TPA/Company before treatment.

**2.4 DAY CARE CENTRE:** A day care centre means any institution established for day care treatment of illness and / or injuries OR a medical set -u p within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:- has qualified nursing staff under its employment has qualified medical practitioner (s) in charge has a fully equipped operation theatre of its own where surgical procedures are carried out- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

**2.5 DAY CARE TREATMENT:** Day care treatment refers to 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 hrs because of technological advancement, and
- ii. which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

**2.6 DOMICILIARY HOSPITALISATION BENEFIT:** : Domiciliary hospitalization means medical treatment for a period **exceeding three days** for such 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:

- the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- the patient takes treatment at home on account of non availability of room in a hospital.

**Subject however to the condition that Domiciliary Hospitalisation benefit shall not cover**

- a) Expenses incurred for pre and post hospital treatment and
- b) Expenses incurred for treatment for any of the following diseases :
  - a) Asthma
  - b) Bronchitis,
  - c) Chronic Nephritis and Nephritic Syndrome,
  - d) Diarrhoea and all types of Dysenteries including Gastro-enteritis,

- e) Diabetes Mellitus and Insipidus,
- f) Epilepsy,
- g) Hypertension,
- h) Influenza, Cough and Cold,
- i) All Psychiatric or Psychosomatic Disorders,
- j) Pyrexia of unknown origin for less than 10 days,
- k) Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis,
- l) Arthritis, Gout and Rheumatism.

**2.7 AMBULANCE SERVICES:** Means ambulance service charges reasonably and necessarily incurred in case the insured person is to be shifted from residence to hospital or from one hospital to another hospital. The ambulances service charges are payable only if the hospitalisation expenses are admissible. Further the ambulance service charges are admissible only if such expenses are paid to registered ambulance services providers.

### **3. OTHER DEFINITIONS AND INTERPRETATIONS:**

**3.1 INSURED PERSON:** Means Person(s) named on the schedule of the policy which includes family comprising of the proposer, his /her legally wedded spouse, dependent unemployed children (upto two only) between 3 (three months) to the age of 26 years, The dependent children may also include unmarried daughters including divorcee, widowed daughters provided the maximum number of dependent children under the entire policy does not exceed two. The person should not be more than 80 yrs of age. The entry age for the policy is before 79 years of age.

**3.2 ENTIRE CONTRACT:** This POLICY, SCHEDULE, PROPOSAL / DECLARATION given by the insured constitute a complete contract. Only Insurer may alter the terms and conditions of the policy and such alterations made by the insurer shall only be evidenced by a duly signed endorsement on the policy with the Company stamp.

**3.3 TPA (THIRD PARTY ADMINISTRATOR):** means any company / body who has obtained licence from IRDA to practice as a third party administrator and is appointed as TPA by the Company and as reflected in the schedule of the policy.

**3.4 NETWORK HOSPITAL:** means hospitals or healthcare providers enlisted by an insurer, or by a TPA and insurer together, to provide medical services to an insured on payment , by a cashless facility.

**3.5 HOSPITALISATION PERIOD:** The period for which an insured person is admitted in the hospital as inpatient and stays there for the sole purpose of receiving the necessary and reasonable treatment for the disease / ailment contracted / injuries sustained during the period of policy. The minimum period of stay shall be 24 (twenty four) hours

**3.6 PRE-HOSPITALISATION:** Medical Expenses incurred during the period upto 30 days prior to the date of admission, 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 Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

**3.7 POST-HOSPITALISATION:** Medical Expenses incurred for a period upto 60 days from the date of discharge from the hospital, 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 Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

- 3.8 MEDICAL PRACTITIONER:** A Medical practitioner is a person who holds a valid registration from the Medical Council of any state 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 the scope and jurisdiction of his license.
- 3.9 QUALIFIED NURSE:** Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 3.10 PRE EXISTING HEALTH CONDITION OR DISEASE:** Any condition, ailment or injury or related condition(s) for which the insured had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 36 months to prior to the first policy issued by the insurer.
- 3.11 IN-PATIENT:** An Insured person who is admitted to hospital and stays for at least 24 hours for the sole purpose of receiving the treatment for suffered ailment / illness / disease / injury / accident during the currency of the policy.
- 3.12 REASONABLE & CUSTOMARY CHARGES:**

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 .

For a networked hospital means the rate pre-agreed between Network Hospital and the TPA / Company, for surgical / medical treatment that is necessary for treating the insured person who was hospitalized.

NOTE: Any expenses other than the above have to be borne by the insured person himself.

- 3.13 CASHLESS FACILITY:** It means a facility extended by the insurer to the insured where the payments of the costs of the treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent of pre-authorization approved.
- 3.14 I.D. CARD:** means the card issued to the Insured Person by the TPA to avail Cashless facility in the Network Hospital.
- 3.15 LIMIT OF INDEMNITY:** means the amount stated in the schedule which represents maximum liability for any and all claims admissible during the policy period in respect of that **insured family**.
- 3.16 ANY ONE ILLNESS:** Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation OR 105 days from the date of discharge ,whichever is later, from the Hospital/Nursing Home where treatment may have been taken.
- 3.17 PERIOD OF POLICY:** This insurance policy is issued for the period as shown in the schedule. The benefits under the policy will cease, the moment the insured attains the age of 80 yrs.

#### **4 EXCLUSIONS:**

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

- 4.1 Pre-existing health condition or disease or ailment / injuries:** Any ailment / disease / injuries / health condition which are pre-existing (treated / untreated, declared / not declared in the proposal form), in case of any of the insured person of the family, when the cover incepts for the first time, are excluded for such insured person upto 3 years of this policy being in force continuously.

For the purpose of applying this condition, the date of inception of the first indemnity based health policy taken shall be considered, provided the renewals have been continuous and without any break in period, subject to portability condition.

This exclusion will also apply to any complications arising from pre existing ailments / diseases / injuries. Such complications shall be considered as a part of the pre existing health condition or disease.

**4.2 The expenses on treatment of following ailment / diseases / surgeries for the specified periods are not payable if contracted and / or manifested during the currency of the policy. If these diseases are pre-existing at the time of proposal the exclusion no 4.1 for pre-existing condition SHALL be applicable in such cases.**

<b>i</b>	Benign ENT disorders and surgeries i.e. Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty etc.	1 year
<b>ii</b>	Polycystic ovarian diseases .	1 year
<b>iii</b>	Surgery of hernia.	2 years
<b>iv</b>	Surgery of hydrocele.	2 years
<b>v</b>	Non infective Arthritis.	2 years
<b>vi</b>	Undescendent Testes.	2 Years
<b>vii</b>	Cataract.	2 Years
<b>viii</b>	Surgery of benign prostatic hypertrophy.	2 Years
<b>ix</b>	Hysterectomy for menorrhagia or fibromyoma or myomectomy or prolapse of uterus.	2 Years
<b>x</b>	Fissure / Fistula in anus.	2 Years
<b>xi</b>	Piles.	2 Years
<b>xii</b>	Sinusitis and related disorders.	2 Years
<b>xiii</b>	Surgery of gallbladder and bile duct excluding malignancy.	2 Years
<b>xiv</b>	Surgery of genito- urinary system excluding malignancy.	2 Years
<b>xv</b>	Pilonidal Sinus.	2 Years
<b>xvi</b>	Gout and Rheumatism.	2 Years
<b>xvii</b>	Hypertension.	2 Years
<b>xviii</b>	Diabetes.	2 Years
<b>xix</b>	Calculus diseases.	2 Years
<b>xx</b>	Surgery for prolapsed inter vertebral disk unless arising from accident.	2 Years
<b>xxi</b>	Surgery of varicose veins and varicose ulcers.	2 Years
<b>xxii</b>	Joint Replacement due to Degenerative condition.	3 Years
<b>xxiii</b>	Age related osteoarthritis and Osteoporosis.	3Years

**If the continuity of the renewal is not maintained with the Company then subsequent cover SHALL be treated as fresh policy and clauses 4.1, 4.2, SHALL apply unless agreed by the Company and suitable endorsement passed on the policy. Similarly if the sum insured is enhanced subsequent to the inception of the policy, the exclusions 4.1, and 4.2 will apply afresh for the enhanced portion of the sum insured for the purpose of this section.**

**4.3 Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials.**

- 4.4** Circumcision (unless necessary for treatment of a disease not excluded under the policy or as may be necessitated due to any accident), vaccination, inoculation, cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- 4.5** Surgery for correction of eye sight cost of spectacles, contact lenses, hearing aids etc.
- 4.6** Any dental treatment or surgery, unless arising from injury and which requires hospitalisation, which is corrective, cosmetic or of aesthetic in nature, filling of cavity, root canal treatment including treatment for wear and tear etc
- 4.7** Convalescence, general debility, "run down" condition or rest cure, congenital external and internal diseases or defects or anomalies, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury/suicide, all psychiatric and psychosomatic disorders and diseases / accident due to and / or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
- 4.8** Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
- 4.9** All expenses arising out of any condition directly or indirectly caused by, or associated with Human T-cell Lymphotropic Virus Type III (HTLD - III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases.
- 4.10** Expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes which is not followed by active treatment for the ailment during the hospitalised period OR expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalisation or primary reasons for admission, referral fee to family doctors, out station consultants / Surgeons fees, Doctor's home visit charges/ Attendant / Nursing charges during pre and post hospitalisation period. etc.
- 4.11** Expenses incurred on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending physician and / or all non medical expenses including personal comfort and convenience items or services.
- 4.12** Any Treatment arising from or traceable to pregnancy, childbirth, miscarriage, caesarean section, abortion or complications of any of these including changes in chronic condition as a result of pregnancy.
- 4.13** Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.
- 4.14** Genetic disorders and stem cell implantation / surgery.
- 4.15** Cost of external and or durable Medical / Non medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump etc., Ambulatory devices i.e. walker , Crutches, Belts ,Collars ,Caps , splints, slings, braces ,Stockings etc. of any kind, Diabetic foot wear, Glucometer / Thermometer and similar related items etc. and also any medical / non medical equipment which is subsequently used at home.
- 4.16** Treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight control programme, services or supplies etc...
- 4.17** Change of treatment from one system to another system of medicine unless being agreed / allowed and recommended by the consultant under whom the treatment is taken.



- 4.18** Any treatment arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurance Company.
- 4.19** Outpatient Diagnostic, Medical or Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- 4.20** Massages, Steam bathing, Shirodhara and like treatment under Ayurvedic treatment.
- 4.21** Any kind of Service charges/Surcharges, unless payable to the Govt. Authority, levied by the hospital.

## **5 CONDITIONS**

- 5.1 ENTIRE CONTRACT:** the policy, SCHEDULE, proposal form, prospectus and declaration given by the insured shall constitute the complete contract of insurance. Only insurer may alter the terms and conditions of this policy/ contract. Any alteration that may be made by the insurer shall only be evidenced by a duly signed and sealed endorsement on the policy.
- 5.2 COMMUNICATION:** Every notice or communication to be given or made under this policy shall be delivered in writing at the address of the policy issuing office / Third Party Administrator as shown in the Schedule.
- 5.3 PAYMENT OF PREMIUM:** The premium payable under this policy shall be paid in advance. No receipt for premium shall be valid except on the official form of the Company signed by a duly authorized official of the company. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements of this policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid, unless made in writing and signed by an authorised official of the Company.
- 5.4 NOTICE OF CLAIM:** Immediate written notice of claim with particulars relating to Policy Number, ID Card No., Name of insured person in respect of whom claim is made, Nature of disease / illness / injury and Name and Address of the attending medical practitioner / Hospital/Nursing Home etc. should be given to the Company / TPA while taking treatment in the Hospital / Nursing Home by Fax, Email. Such written notice should be given within 48 (forty eight) hours of admission or before discharge from Hospital / Nursing Home, whichever is earlier unless waived in writing.
- 5.5 CLAIM DOCUMENTS:** Final claim along with originals of hospital Bills/Cash memos/reports, claim form and list of documents as listed below should be submitted to the Company / TPA within 7 (seven) days of discharge from the Hospital / Nursing Home.
- i. Original bills, receipts and discharge certificate / card from the hospital.
  - ii. Medical history of the patient recorded by the Hospital.
  - iii. Original Cash-memo from the hospital (s) / chemist (s) supported by proper prescription.
  - iv. Original receipt, pathological and other test reports from a pathologist / radiologist including film etc supported by the note from attending medical practitioner / surgeon demanding such tests.
  - v. Attending Consultants' / Anaesthetists' / Specialists' certificates regarding diagnosis and bill / receipts etc. in original.
  - vi. Surgeons' original certificate stating diagnosis and nature of operation performed along with bills / receipts etc.
  - vii. Any other information required by TPA / the Company.

All documents must be duly attested by the insured person.

In case of post hospitalisation treatment all supporting claim papers / documents as listed above should also be submitted within 7 (seven) days after completion of such treatment to the Company / T.P.A. In addition, insured should also provide to the Company / TPA such additional information and assistance as the Company / TPA may require in dealing with the claim.

**NOTE:** Waiver of the condition 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. Otherwise Company / TPA has a right to reject the claim.

#### **5.6 PROCEDURE FOR AVAILING CASHLESS ACCESS SERVICES IN NETWORK HOSPITAL/NURSING HOME :**

- i) Claim in respect of Cashless Access Services SHALL be through the TPA/ Insurer provided treatment is undertaken in a network hospital / Nursing Homes and is subject to pre admission authorization. The TPA/ Insurer shall, upon getting the related medical details / relevant information from the insured person / network Hospital / Nursing Home, verify that the person is eligible to claim under the policy and after satisfying itself SHALL issue a pre-authorisation letter / guarantee of payment letter to the Hospital / Nursing Home mentioning the sum guaranteed as payable, also the ailment for which the person is seeking to be admitted as in-patient.
- ii) The TPA/ Insurer reserves the right to deny pre-authorisation in case the hospital / insured person is unable to provide the relevant information / medical details as required by the TPA/ Insurer. In such circumstances denial of Cashless Access should in no way be construed as denial of claim. The insured person may obtain the treatment as per his/her treating doctor's advice and later on submit the full claim papers to the TPA/ Insurer for reimbursement within 7 (seven) days of the discharge from Hospital / Nursing Home.
- iii) Should any information be available to the TPA/ Insurer which makes the claim inadmissible or doubtful requiring investigations, the authorisation of cashless facility may be withdrawn. However this shall be done by the TPA/Insurer before the patient is discharged from the Hospital and notice to the effect given to the treating hospital / the insured

**5.7** Any medical practitioner authorised by the TPA/Company shall have deemed permission to examine the Insured Person in case of any alleged injury or Disease requiring Hospitalisation when and as often as the same may reasonably be required on behalf of the TPA/Company. In such examinations the cost of medical examination will be borne by the Company.

#### **5.8 Disclosure to information norm**

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

#### **5.9 REPUDIATION:**

A (I): The Insurer, shall repudiate the claim if not covered / not payable under the policy. The Insurer shall mention the reasons for repudiation in writing to the insured person. The insured person shall have the right to appeal / approach the **Grievance Redressal Cell of the company at its policy issuing office, concerned Divisional Office, concerned Regional Office or the Grievance Cell of the Head Office of the Company, situated at A-25/27, Asaf Ali Road, New Delhi-110002.** against the repudiation.

B If the insured is not satisfied with the decision / of the reply of the Grievance Cell under 5.7 (A), he / she may approach the Ombudsman of Insurance, established by the Central Government for

redressal of grievances. The Ombudsman of Insurance is empowered to adjudicate on personal lines of insurance claims upto Rs.20 lacs.

**5.10 CANCELLATION CLAUSE:** Company may at any time, cancel this Policy by sending the Insured 30 (Thirty) days notice by registered letter at the Insured's last known address and in such an event the Company shall refund to the Insured a pro-rata premium for un-expired Period of Insurance. (Such cancellation by the Company shall be only on grounds of moral hazards such as intentional misrepresentation / malicious suppression of facts intended to mislead the Company about the acceptability of the proposal, lodging a fraudulent claim and such other intentional acts of the insured / beneficiaries under the policy). The Company shall, however, remain liable for any claim which arose prior to the date of cancellation. The Insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rate only (table given here below) provided no claim has occurred during the policy period up to date of cancellation.

<b>Period on Risk</b>	<b>Rate of premium to be charged</b>
Upto 1 Month	1/4th of the annual rate
Upto 3 Months	1/2 of the annual rate
Upto 6 Months	3/4th of the annual rate
Exceeding 6 months	Full annual rate

**5.11 ARBITRATION CLAUSE:** If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

**5.12 DISCLAIMER OF CLAIM:** It is also hereby further expressly agreed and declared that if the TPA/Company shall disclaim liability in writing to the Insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

**5.13 PAYMENT OF CLAIM:** The policy covers illness, disease or accidental bodily injury sustained by the insured person during the policy period any where in India\* and all medical / surgical treatment under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency.

**5.14** Mid term inclusion of newly wed spouse, new born child and adopted child is permitted provided such inclusion is within three months of marriage, birth and adoption respectively or at the time of renewal of the policy. In the case of new born child and adopted child the inclusion is permitted only if both the parents are covered under the policy.

## **IMPORTANT**

**6 PERIOD OF POLICY:** This insurance policy is issued for a period of one year.

## 7 RENEWAL OF POLICY:

- a) The Company shall not be responsible or liable for non-renewal of policy due to non-receipt or delayed receipt (i.e. After the due date) of the proposal form or of the medical practitioners report wherever required or due to any other reason whatsoever.
- b) Notwithstanding this, however, the decision to accept or reject for coverage any person upon renewal of this insurance shall rest solely with the Company. The company may at its discretion revise the premium rates and / or the terms & condition of the policy every year upon renewal thereof. Renewal of this policy is not automatic; premium due must be paid by the proposer to the company before the due date.
- c) The Company shall not ordinarily deny the renewal of this policy unless on moral hazard grounds of the insured such as intentional misrepresentation / malicious suppression of facts intended to mislead the Company about the acceptability of the proposal, lodging a fraudulent claim and such other intentional acts of the insured / beneficiaries under the policy, subject to policy terms.

**8 SUM INSURED:** The Company's liability in respect of all claims admitted in during the \_\_\_\_\_ period of Insurance shall not exceed the sum insured opted under the policy.

## 9. AUTHORITY TO OBTAIN RECORDS:

- a) The insured person hereby agrees to and authorises the disclosure to the insurer or the TPA or any other person nominated by the insurer of any and all Medical records and information held by any Institution / Hospital or Person from which the insured person has obtained any medical or other treatment to the extent reasonably required by either the insurer or the TPA in connection with any claim made under this policy or the insurer's liability there under.
- b) The insurer and the TPA agree that they SHALL preserve the confidentiality of any documentation and information that comes into their possession pursuant to (a) above and SHALL only use it in connection with any claim made under this policy or the insurer's liability there under

**10. QUALITY OF TREATMENT :** The insured hereby acknowledges and agrees that payment of any claim by or on behalf of the insurer shall not constitute on part of the insurance company a guarantee or assurance as to the quality or effectiveness of any medical treatment obtained by the insured person, it being agreed and recognized by the policy holder that insurer is not in any way responsible or liable for the availability or quality of any services (Medical or otherwise) rendered by any institution (including a network hospital) whether pre-authorized or not.

**11. ID CARD:** The card issued to the insured person by the TPA to avail cash less facility in the Network Hospital only. Upon the cancellation or non renewal of this policy, all ID cards shall immediately be returned to the TPA at the policy holder's expense and the policy holder and each insured person agrees to hold and keep harmless, the insurer and the TPA against any or all costs, expenses, liabilities and claims (whether justified or not) arising in respect of the actual or alleged use, misuse of such ID cards prior to their return.

**12. FRAUD / MISREPRESENTATION / CONCEALMENT:** The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner intentionally or recklessly or otherwise misrepresented or concealed or non disclosure of material facts or making false statements or submitting falls bills whether by the Insured Person or Institution / Organization on his behalf . Such action shall render this policy null and void and all claims hereunder shall be forfeited. Company may take suitable legal action against the Insured Person / Institution / Organization as per Law.

**13. SCHEDULE OF PREMIUM:** As agreed and Annexed.

This Prospectus shall form part of your proposal form. Signatures hereunder confirm that you have noted the contents of the prospectus.

**Name:**  
**Address:**

**Signature**

**Place:**

**Date:**

Note: For legal interpretation only English version will be valid.

**INSURANCE ACT 1938 SECTION 41 - PROHIBITION OF REBATE**

Section 41 of the Insurance Act 1938 provides as follows:

Any person making default in complying with provision of this section shall be punishable with fine, which may extend to Rs.500/-.

No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.

**ANNEXURE**

<b>THE ORIENTAL INSURANCE CO LTD : HO NEW DELHI</b>	
<b>PNB-ORIENTAL ROYAL MEDICLAIM (FAMILY FLOATER) POLICY FOR PUNJAB NATIONAL BANK ACCOUNT HOLDERS /EMPLOYEES</b>	
<b>PREMIUM CHART (PREMIUM RATES ARE INCLUSIVE OF SERVICE TAX)</b>	
<b>SUM INSURED (In Rupees)</b>	<b>PREMIUM (In Rupees) AGE GROUP 03 MONTHS TO 79 YEARS (FOR ENTIRE FAMILY)</b>
<b>1,00,000</b>	<b>1749</b>
<b>2,00,000</b>	<b>3320</b>
<b>3,00,000</b>	<b>4620</b>
<b>4,00,000</b>	<b>5780</b>
<b>5,00,000</b>	<b>6830</b>

# THE ORIENTAL INSURANCE COMPANY LIMITED

HEAD OFFICE: A-25/27, ASAF ALI ROAD, NEW DELHI-110002



## PNB ORIENTAL ROYAL MEDICLAIM POLICY (WITH FAMILY FLOATER) FOR THE ACCOUNT HOLDERS / EMPLOYEES OF PUNJAB NATIONAL BANK

### PROPOSAL FORM

1. FORM TO BE FILLED IN BLOCK LETTERS.
2. PLEASE SUBMIT TWO STAMP SIZE PHOTOGRAPHS OF EACH INSURED PERSON ALONGWITH TWO COPIES OF PROPOSAL FORM. NAME AND AGE OF THE INSURED MUST BE WRITTEN ON THE BACK OF THE PHOTO.
3. FAMILY TO INCLUDE THE PROPOSER i.e., ACCOUNT HOLDER/EMPLOYEE of the Punjab National Bank (PNB). HIS/HER SPOUSE AND TWO DEPENDENT CHILDREN ( i.e. legitimate or legally adopted children) AGED 3 COMPLETED MONTHS ONWARDS UPTO 79 YEARS AS UNDER:
  - FEMALE CHILD UNTIL SHE IS MARRIED. IMMEDIATELY CONSEQUENT UPON HER MARRIAGE SHE SHALL BE CEASED TO BE COVERED UNDER THE POLICY AND NO CLAIM SHALL BE ADMISSIBLE.
  - MALE CHILD UPTO THE AGE OF 26 YEARS IF HE IS ABONAFIDE REGULAR STUDENT AND FULLY DEPENDENT ON PROPOSER i.e., THE PNB ACCOUNT HOLDER.

1. NAME OF THE INSURED PERSON AND RELATIONSHIP WITH THE PROPOSER. ( AGE GROUP 3 COMPLETED MONTHS TO 79 YEARS COMPLETED YEARS) – FAMILY SHALL MEAN THE INSURED PERSON, SPOUSE AND TWO DEPENDENT CHILDREN

S. No.	Name of the insured's /proposer	Relationship with Proposer	Sex M/F	Date of Birth	Age	Occupation	Sum Insured (Rs.)
1.							
2.							



6 NAME OF THE NOMINEE IN THE EVENT OF THE DEATH OF INSURED DURING THE COURSE OF TREATMENT.

S.NO.	First Name of the Insured	Name of the Beneficiary	Relation with Insured
1.			
2.			
3.			
4.			

6. Details of existing Mediclaim Policy (If any):-

Name of Company	Sum Insured	Policy Number	Date of expiry

DECLARATIONS:

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority."

I/we also hereby authorise PNB to debit the premium payable under the policy to my/our Bank Account Number: \_\_\_\_\_ with PNB Branch \_\_\_\_\_ at \_\_\_\_\_.

Place		Signature of Proposer (PNB A/c Holder)
Date		Name of Proposer

COUNTER SIGNATURE BY PNB BRANCH MANAGER



Place		Signature
Date		Name
BRANCH CODE, LOCATION AND CITY		

INSURANCE ACT 1938 SECTION 41 – PROHIBITION OF REBATES

Section 41 of the Insurance Act 1938 provides as follows:

Any person making default in complying with provision of this section shall be punishable with fine which may extend of Rs. 500/-.

No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect if any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

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**MediAssist Network Hospital List**

Sl. No.	HospID	HospName	HospAddr1	District
1	50193	CENTURY HOSPITAL	M.P 1/186, Mulakuzha	Alappuzha
2	60580	K.V.M Hospital	P.B. No. 30, Cherthala-688524 Alappuzha dist, Kerala State	Alappuzha
3	63552	MAHAJUBILEE MEMORIAL HOSPITAL	Edathua P.O Alapuzha Dist Kerala State 689573	Alappuzha
4	50858	Sahrudaya Hospital	Thathampally P.O. Alappuzha - 688013	Alappuzha
5	52656	SRIKANTAPURAM HOSPITAL (SKP HOSPITAL)	Kandiyoor	Alappuzha
6	114781	ADITYA EYE HOSPITAL	Judge Mukku, Thrikkakkara, Near Kardinal High School, Kochi.	Ernakulam
7	59124	AMRITA INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE	Amrita Lane, Elamakara	Ernakulam
8	68314	Anwar Memorial Hospital	Santhosh Lane	Ernakulam
9	70702	Alpha ENT	Kaloor, Ernakulam	Ernakulam
10	50094	Arogyalayam	Bridge Road Alwaye	Ernakulam
11	129752	Aster DM Health Care Pvt Ltd	1x/475L, Aster Medicity Kuttishib Road, Chittoor P.O	Ernakulam
12	60028	Bharath Rural Hospital & Training Centre	Moothakunnam P.O, North Paravur-683516, Ernakulam, Kerala State	Ernakulam
13	57889	Chaithanya ENT Hospital	38/685,Near Manorama Junction, Sahodharan Ayyapan Road, Ernakulam, Kochi-682016	Ernakulam
14	50197	Chaithanya Eye Hospital-cochin	Ravipuram	Ernakulam
15	50226	Cochin Hospital	Pallimukku M.G. Road Cochin	Ernakulam
16	50249	Devi Hospital Pvt Ltd	XXI/64, Near NSS College North Fort Gate, Tripunithura	Ernakulam
17	99780	DON BOSCO HOSPITAL	NORTH PARAVUR PO, ERNAKULAM DIST	Ernakulam
18	50271	Dr Kunhalus Nursing Home	T D Road Ernakulam	Ernakulam
19	50342	Gautham Hospital	Panayappilly Cochin Kerala-682005	Ernakulam
20	50353	GIRIDHAR EYE INSTITUTE	28/25768, Ponnath Temple	Ernakulam
21	50441	Jishy Hospital	Mundamvelli P O Cochin	Ernakulam
22	50452	K M K HOSPITAL	N. PARAVUR	Ernakulam
23	50455	K.G. Hospital	Opp. KSRTC Bus Stand NH-47 Angamaly.	Ernakulam
24	50478	Karothkuzhi Hospital P Ltd	Karothkuzhi Junction Aluva Cochin-683101	Ernakulam
25	50514	Krishna Hospital	Chittoor Road M.G. Road Ernakulam Cochin - 682 011	Ernakulam
26	124873	Lakeshore Hospital & Research Centre Ltd.	NH-47 Bye Pass, Maradu, Nettoor P.O	Ernakulam
27	50544	Laxmi Hospital-panepally Cochin	Panepally	Ernakulam
28	50557	Little Flower Hospital & Research Centre	Post Box No. 23 Angamaly - 683572	Ernakulam
29	128140	LISIE HOSPITAL	LISIE JUNCTION, ERNAKULAM NORTH	Ernakulam
30	50567	Lourdes Hospital	Pachalam, Cochin	Ernakulam
31	50569	M A G J.Hospital	Mar Augutine Golden Jubily Hospital Mookkannoor Angamaly	Ernakulam
32	50570	M A J Hospital	Edapally P.O, Cochin	Ernakulam
33	127810	MADONNA HEALTH CARE	ALUVA ROAD, ANGAMALY	Ernakulam
34	50633	Medical Trust Hospital-cochin	M.G. Road Cochin - 682016	Ernakulam
35	60531	MOSC Medical Mission Hospital	MOSC Medical Mission Hospital, Kolenchery-682311,Ernakulam, Kerala	Ernakulam
36	50696	Nedumchalil Trust	VI/623 Market PO Muvattupazha	Ernakulam
37	121775	Polakulath Narayanan Renai Medicity	P B NO.2259, Palarivattom P.O, Mamangalam, Cochin - 682 025.	Ernakulam
38	63418	RCM EYE HOSPITAL	Hill Palace Road, Tripunithura Cochi-682301 Kerala State	Ernakulam
39	50879	San Joe Hospital	A M Road,Perumbavoor	Ernakulam
40	50884	Sangeeth Nursing Home	8/452(B), South Cherlai,Cochin-2	Ernakulam
41	111533	Sree Narayana Institute Of Medical sciences	Chal akka, N kuthiathode	Ernakulam
42	51012	Sree Sudheendra Medical Mission	CHITTOOR ROAD ERNAKULM	Ernakulam
43	61167	St. Joseph Hospital	Manjummel P.O, Kalamassery, Ernakulam-683501 Kerala State	Ernakulam
44	51128	V G Saraf Memorial Hospital	Sreekandath Road Ravipuram M.G.Road Cochin	Ernakulam
45	51134	Varma Hospital	Main Road Tripunithura	Ernakulam
46	62682	VASAN EYE CARE HOSPITAL	27/3215 Opp. Shippiyard M G Road Cochin Kerala State	Ernakulam
47	107421	Vasan Eye Care Hospital	34 / 563, A - 1, Opp. India Vision, Palarivattom, NH Bypass Road Palarivattom	Ernakulam
48	51138	Vatheyyath Hospital	P.P. Road	Ernakulam
49	51152	Vijaya Kumara Menon Hospital	North Fort Tripunithura - 682301	Ernakulam
50	78762	Vimala Hospital	Kanjoor	Ernakulam
51	51171	Welcare hospital	S.A. Road Vytila Cochin	Ernakulam

52	116879	KIMS HEALTH CARE MANAGEMENT LTD.	PATHADIPALAM, CHANGAMPUZHA P.O, KOCHI-682 033.	Ernakulam
53	117183	Dr. Tonys Super Speciality Eye Institute & Lasik Centre	Opposite Govt. Higher Secondary School, High Road, Aluva, Ernakulam	Ernakulam
54	107456	P.S.Mission Hospital	KUNDANOOR , MARADU P.O	Ernakulam
55	68312	Sunrise Hospital	THRIKKAKKARA, KAKKANAD; KOCHI.	Ernakulam
56	68313	Chazhikkat Hospital	River view Rd	Idukki
57	71985	Karuna Hospital	Nedumkandam	Idukki
58	50632	Medical Trust Hospital	Nedukandum - 685558 Idduki (Dist) Kerala	Idukki
59	50110	Ashoka Hospital	South Bazar	Kannur
60	50131	B.K.M MEMORIAL HOSPITAL	Thayineri Road, Payyanur	Kannur
61	131515	Dhanalakshmi Hospital Pvt Ltd	Kannothumchal road	Kannur
62	50403	Indiragandhi Co-operative Hospital	Manjodi Tellicherry - 670103	Kannur
63	129937	Koyili Hospital	87/12-13 Pallikunnu Panchayath	Kannur
64	63419	LOURDE HOSPITAL	Chiravakku, Taliparambu, Kannur-670141 Kerala	Kannur
65	50673	Mukunda Hospital	Payyanur - 670307 Kannur Dist	Kannur
66	51089	Tellichery Co-operative Hospital	No. C. 1021 Tellicherry - 670101	Kannur
67	107423	Vasan Eye Care Hospital (A Unit Of Vasan Health Care Pvt Ltd) - Kannur	Nethra Building, Near SBI Bank, Fort Road Kannur	Kannur
68	118352	Vasan Eye Care Hospital	Ward no 46, opp kasavukada near new bus stand NCC road, Tellichery	Kannur
69	50186	Carewell Hospital Research Centre Pvt Ltd	Nullippady	KASARAGOD
70	51211	KASARAGOD INSTITUTE OF MEDICAL SCIENCES	Ashwini Nagar, Kasaragod	Kasaragod
71	58381	KRISHNA HOSPITAL - KASARGOD	Chinmaya Mission Colony, Vidyanagar, Kasaragod-671123, Kerala State	Kasaragod
72	114361	Sanjeevani Institute Of Medical Science	Ramnagar Anandasramam	Kasaragod
73	51118	UNITED MEDICAL CENTRE	KOTTAKANNI ROAD	kasaragod
74	117667	Aravind Medical Centre	THATTASSERY	Kollam
75	61348	Amardeep Eye Hospital & Laser Surgery Centre	XVII/2383, Upasana, Vadayattakotta Road, Near Telephone Exchange, Chinnakada Kollam-691001, Kerala State	kollam
76	50171	Bishop Benziger Hospital	P.B.No. 515 Beach Road Kollam - 691001	Kollam
77	50275	Dr Nairs Hospital	Asramam Kollam	Kollam
78	134197	Holy Cross Hospital	Kottiyam P.O, Kollam	kollam
79	120565	KIMS KOLLAM MULTI SPECIALITY HOSPITAL	Sithara Jn Kottiyam	Kollam
80	78662	Little Flower Mission Hospital	Vilakudy P O	Kollam
81	105802	Lotus Heart Hospital	COLLEGE ROAD,PULAMON P.O.,KOTTARAKARA	kollam
82	62108	Matha Medical Centre	Mathiil P.O, Kollam-691601,Kerala State	kollam
83	72631	Padmavathy Medical Foundation	Manakkara Sasthamcotta P.O Kollam-690521	Kollam
84	127236	Pranavam Hospital	Near KSRTC Junction	Kollam
85	113170	Travancore Medical College Hospital	Medicity NH Bypass Mylapore Umayanalloor P O Kollam	Kollam
86	51123	Upasana Hospital	Q.S. Road, Kollam	Kollam
87	128596	Royal Hospital	Standerd Junction, Chathanoor	Kollam
88	131875	St Josephs Mission Hospital	Anchal PO	Kollam
89	75727	Shankers Eye Hospital	Thalicode P O	Kollam
90	112256	PEARL HOSPITAL	Karunagapally	Kollam
91	127451	Valiyath Institute Of Medical Sciences	Pada south, karunagappally	kollam
92	131118	Alphonsa Eye Hospital	OLICKAL Building, Vellapadu, Pala P.O,	Kottayam
93	50157	Bharath Hospital	Azad Lane, Kottayam - 686001	Kottayam
94	50618	Marian Medical Centre	Arunapuram Palai	Kottayam
95	65057	MARY QUEENS MISSION HOSPITAL	Palampra P.O Kanjirappally Kottayam Kerala State	Kottayam
96	78234	Matha Hospital	thellakam	Kottayam
97	60770	Mercy Nursing Home Pvt Ltd	Karukachal P.O, Kottaym-686544, Kerala	Kottayam
98	50849	S.H. Medical centre	Nagampadom, Kottayam	Kottayam
99	114284	Caritas Hospital	Thellakom , Kottayam	Kottayam
100	51100	Thengana Medical Mission Hospital & Research Centre	Thengana Perumpanachy P.O. Changanassery - 686536	Kottayam
101	51112	Udayagiri Multi Speciality Hospital	Perunna P.O, Changanacherry	Kottayam
102	69829	Vasan Eye Care	Union Club	Kottayam
103	115430	Vasan eye care hospital (A unit of Vasan Health Care Pvt Ltd) - Patteri- calicut	No.27/743A, Mavoor Road, Near Kseb Office, Patteri,	Kozhikode
104	68519	Baby Memorial Hospital.	Indira Gandhi Road Calicut-673004 Kerala State	Kozhikode
105	87279	City Eye Foundation	Pavamani road	Kozhikode
106	50228	Comtrust Charitable Trust Eye Hospital	Puthiyara Calicut-673 004	Kozhikode
107	61349	Fathima Hospital	Bank Road, Calicut-673001 Kerala State	Kozhikode
108	56627	IQRAA INTERNATIONAL HOSPITAL AND RESEARCH	Malaparamba	Kozhikode

109	50512	Koyas Hospital	Cheruvannur Feroke Calicut - 673631	Kozhikode
110	58057	Malabar Urology Centre Pvt Ltd.	Eranhipalam, Civil Station P.O, Calicut-673020, Kerala State	Kozhikode
111	115581	Metro International Cardiac Centre Pvt Ltd	Thondayad Bypass,	Kozhikode
112	50693	National Hospital	Indira Gandhi Road, Calicut	Kozhikode
113	50729	P.V.S Hospital-calicut	Railway Station Road Kozhikode Calicut	Kozhikode
114	50805	Rajendra Nursing Home	Near Malabar Cristian College Calicut-673001	Kozhikode
115	73679	Santhi Hospital	Omassery P O	Kozhikode
116	73677	Shiba Hospital	5/1509 A7	Kozhikode
117	62233	VASAN EYE CARE HOSPITAL	825-C, Areyadathupalam Junction, Puthiyara P.O, Calicut-673004 Kerala State	Kozhikode
118	50040	Al Shifa Hospital Pvt, Ltd.,	P.B. No 26. Ootty Road Perintalmanna-679322	Malappuram
119	63270	HOLY CROSS HOSPITAL (P) LTD	Court Road-P B B2 Manjeri-676121 Malapuram Dist Kerala State	Malappuram
120	95837	ELAMKULAM M&C HEALTH CARE HOSPITAL	Nilambur	Malappuram
121	50506	Korambayil Hospital & Diagnostic Centre Pvt. Ltd.	East Road Manjeru, Malappuram Dist	Malappuram
122	50580	Maanu Memorial Hospital	Melakkam,Mallapuram District	Malappuram
123	50592	Malabar Hospital	Rajiv Gandhi By Pass Road Karuvambrum Post Manjeri Malapuram Dist - 676123	Malappuram
124	122167	Malabar Institute Of Medical Science Ltd	Near PWDGuest House, Kottakkal	Malappuram
125	51780	Moulana Hospital	P.B. No. 31, Ootty Road	Malappuram
126	127574	Nadakkavil Hospital	Perinthalmanna Road Valanchery	Malappuram
127	127736	NIIMS Hospital	X11/158,Kalikavu road, Wandoor	Malappuram
128	50191	Orchid Institute of Health Care & Research Pvt Ltd	Down Hill	Malappuram
129	60693	Ahalia Foundatioin Eye Hospital	# 120, kanal Pirivu, Near Walayar	palakkad
130	95861	Karuna Medical College Hospital	VILAYODI,CHITTUR	palakkad
131	61985	Lakshmi Hospital	Sreenarayana Chittur Road, Palakkad	Palakkad
132	50327	MALABAR HOSPITALS	NH 47 West Yakkara Kunnathumedu P.O. Palakkad - 678001	Palakkad
133	123529	Mother Care & Health Centre Pvt. Ltd.	Vattambalam Kumaramputhur, Mannarkad	palakkad
134	58345	PAALANA INSTITUTE OF MEDICAL SCIENCES	Kannadi P.O, Palakkad-678701, Kerala State	Palakkad
135	50865	Sai Nursing Home	Sai Junction Olavakkod Palakkad - 678002	palakkad
136	72080	Sevana Hospital	Kalladipatta	Palakkad
137	127005	Seventh Day Adventist	Kanniampuram p.O. ottapalam,	Palakkad
138	51091	Thangam Hospital	25/331 Shornour Road Nurani Palakkad - 678004	Palakkad
139	101916	Trinity Eye Hospital	Stadium Road, Palakkad	palakkad
140	102792	Vasan Eye Care Hospital	18/88[7],SHITTUR ROAD,KUNNATHURMEDU [P.O]	Palakkad
141	103736	Valluvanad Hospital	Ottapalam	palakkad
142	69830	Welcare	Welcare Jn	palakkad
143	115784	Athani Hospital	Chartable Trust Nattukal Athicode Road Post Near Kozhinjampara Chittur Taluk	palakkad
144	127519	PK Das Institute Of Medical Science	Vaniyamkulam, Ottapalam	Palakkad
145	61147	Christian Mission Hospital	M C Road Padndalam P.O, Pathanamthitta Dist, Kerala State-689501	Pathanamthitta
146	50571	M G M Muthoot Medical Center	Kozhencherry - 689641	Pathanamthitta
147	50656	Mgm Muthoot Medical Centre P Ltd-pathanamthitta	Ring Road,Pathanamthitta	Pathanamthitta
148	57053	PUSHPAGIRI INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE	Ward - 7, 141, Thiruvalla - 689101	Pathanamthitta
149	55565	POYANIL HOSPITAL	P.B. No. 15, Kozhencherry - 689641	Pathanamthitta
150	51037	ST. THOMAS HOSPITAL	Malakkara, Edavarannmula P.O.	Pathanamthitta
151	118353	Vasan Eye Care Hospital	No 640/1, ward no.7, MC road Tiruvalla (near Indusand bank)	Pathanamthitta
152	59766	AMALA CANCER HOSPITAL AND RESEARCH CENTRE	Amala Nagar, Thrissur-680555 Kerala State	Trissur
153	50123	Aswini Hospitals Pvt Ltd	Karunakaran Nambiar road	Trissur
154	62109	Kasim Memorial Hospital	CCMK Village, Vellikulam Road, Chalakudy-680307, Thrissur Dist, Kerala State	trissur
155	60201	CHANDRAMATHY AMMA MEMORIAL HOSPITAL.	Olarikkara, P.O Pullazhi, Thrissur-680012, Kerala State	Trissur
156	133618	Daya General Hospital and Speciality Surgical Centre	Shornur Road, Near Viyyur Bridge	Trissur
157	101982	Dr. Rani Menon Eye Clinic	CHUNGAM BUS STOP,CIVIL LANE ROAD	Trissur
158	122166	Jubilee Mission Medical College Hospital	Bishop Alappat Road, Trissur	Trissur
159	114114	Vision Eye Hospital	Smart city building kinar stop koorenchrry	Trissur
160	50537	Lal Memorial Hospital	Madayikonam P O Irinjalakuda Thrissur Dist	Trissur
161	68311	Medicare Hospital	Medicare Junction	Trissur
162	68310	Modern Hospital	P B No.22	Trissur
163	123212	St. James Hospital	Chalakudy	Trissur

164	51108	Sun Medical And Research Centre (a unit of Trichur Heart Hospital Ltd).	st. Nagar, Kannamkulangara, Thrissur.	Trissur
165	127035	SACRED HEART MISSION HOSPITAL	PULLUR P O, Iringalakuda	Trissur
166	60581	The Irinjalakuda Co-operative Hospital Ltd	Kolothumpady, Nadavaramba, Irinjalakuda-680661 Thrissur Dist, Kerala State	Trissur
167	107422	Vasan Eye Care Hospital (A Unit Of Vasan Health Care Pvt Ltd) - Thrissur	TC IX / 376, T.B. Road, Opp. IMA Office, Near Sakthan Stand, Thrissur	Trissur
168	51174	West Fort Hospital	Poothole P O	Trissur
169	51259	WESTFORT HI-TECH HOSPITAL LTD.	Post Box No 930, Punkunnam	Trissur
170	113181	Trichur Co operative hospital	Shornur Road Trissur	Trissur
171	58056	Rajah hospital	PB No. 34, Muthuvattoor, Chavakkad, Thrissur Dist, Kerala State	Trissur
172	93857	GOURISANKAR SUPER SPECIALITY HOSPITAL	METHALA, Kodungallur	Trissur
173	72902	A J Hospital	Kazhakuttam	Trivandrum
174	50039	AL - Arif Hospital	Ambalathara Thiruvananthapuram - 26	Trivandrum
175	102046	AMARDEEP EYE CARE	GN PII TC 5/608, OPP POLICE STATION , PEROORKADA	Trivandrum
176	55418	ANANTHAPURI HOSPITALS AND RESEARCH INSTITUTE	T.C. 31/1424, Karali, Chacka	Trivandrum
177	62945	ARUMANA HOSPITAL	Airport Road, Perunthanni, Thiruvananthapuram-695008	Trivandrum
178	88446	ATTUKAL DEVI INSTITUTE OF MEDICAL SCIENCES LTD	TC 22/935, PB # 5711	Trivandrum
179	50198	Chaithanya Eye Hospital-trivandrum	Kesavadasapuram Jn	Trivandrum
180	50229	Cosmopolitan Hospital	Murinjalalam Pattom, Thiruvananthapuram	Trivandrum
181	75209	Credence Hospital	T.C 2/391, Near Ulloor Bridge Ulloor Thiruvananthapuram-695011	Trivandrum
182	50260	Divya Prabha Eye Hospital	Kumarakrupam Thiruvanthapuram	Trivandrum
183	62290	JUBILEE MEMORIAL HOSPITAL	Meads Lane Palayam	Trivandrum
184	50493	Kerala Institute Of Medical Sciences	Kumarapuram Poonthi Road Anamukham P.B. No. 1 Anayara Trivandrum	Trivandrum
185	50562	Lords Hospital	TC 76/2183(1), Anayara, Trivandrum-29	Trivandrum
186	127034	MEDITRINA HOSPITALS PVT LTD	PLAMOODU, PATTOM, THIRUVANANTHAPURAM	Trivandrum
187	62107	NIMS(Nooral Islam Institute of Medical Science & Research Foundation)	Nice Garden, Aralammoodu P.O, Neyyattinkara, Thiruvananthapuram-695123	Trivandrum
188	123284	PRS Hospital	Killippalam, Trivandrum-695002	Trivandrum
189	130873	Precise Eye care centre	PMG Junction	Trivandrum
190	70700	Punarjani	A K G Nagar Rd	Trivandrum
191	63916	RURAL INSTITUTE OF MEDICAL SCIENCE	Govt. College Road Nedumangadu-695541 Thiruvananthapuram Dist Kerala State	Trivandrum
192	50843	S P Fort Hospital	P.B. No. 5017 Fort Thiruvananthapuram - 695023	Trivandrum
193	51236	S.K. HOSPITAL	TC-7/1989(1), Edappazhinji	Trivandrum
194	58923	Saraswathy Hospital	Pavathiyavila, Parassala P.O-695502, Thiruvananthapuram Dist, Kerala State.	Trivandrum
195	72632	Sree Gokulam Medical College & Research Foundation	Karinchathi Road Venjaramoodu Thiruvananthapuram-695607	Trivandrum
196	51073	S U T hospital	Pattom Trivandrum	Trivandrum
197	58081	THE INDIA HOSPITAL TRUST	TC-25/1850, Mele Thambanoor,	Trivandrum
198	69828	Vasan Eye Care	Opp. Vaidyuti havan	Trivandrum
199	68315	Chelsa Medical Care	Kungalammoodu	Trivandrum
200	74010	Venad Hospital	Kulavikonam	Trivandrum
201	116996	DM. WIMS ( Wayanad Institute of Medicval sciences)	Naseera, Nagar, Meppadi	Wayanad
202	78233	Assumption Hospital	Sulthan Bathery P O	Wayanad
203	50325	Fatima Mata Mission Hospital	Kalpetta PO, Wayanad DT	Wayanad
204	128338	Leo Hospital	Kalpetta P.O., Wayanad Dist, Kerala	Wayanad
205	51161	Vinayaka Hospital	Kattayad Road, Sulthan Bathery, Wayanad	Wayanad



# CLAIM FORM

Please complete all the pages without fail. Do not put 'Dots' (.) Or Dashes (-)

Name of the Insurance Company			
Policy No		Sl. No/ Certificate No	
Medi Assist ID No			
Name & Address of the Primary Insured			
Details of the Insured Person Hospitalised			
a) Name			
b) Relationship		c) Age	
d) Address			
e) Phone No		f) Mobile No	
g) E-mail Address, if any			
Ailment / Disease/ Injury			
Date of Injury sustained/ disease detected			
If Injury, narration how it occurred			
Name of the Hospital where treated			
Name of the treating Doctor			
Qualification		Registration No	
Admission	Date:	Time:	Discharge
			Date:
			Time:
Total Amount Claimed		Rs.	
Date of commencement of first Insurance for the person (without break)			
Have you been covered with any other Mediciam / Health Insurance?		Yes	No
If 'Yes' please attach a photocopy of the Policy			
Have you preferred any claim for the same ailment earlier?		Yes	No
If 'Yes', Claim No		Status: Settled / Denied	
If the Claim is for Domiciliary hospitalisation, please indicate			
Date of Commencement of treatment			
Date of completion of treatment			
Name of the treating Doctor		Qualification	
Address of the Doctor			
Reason for not hospitalizing patient			

**Date:**

**Signature of the Claimant**

Please send this claim form duly completed with all enclosures to:

**MEDI ASSIST INDIA PRIVATE LTD.,**  
 #49, "Shilpa Vidya" Buildings, 1<sup>st</sup> Main, Sarakki Industrial Layout, 3<sup>rd</sup> Phase J.P.Nagar, Bangalore - 560078.  
**Phone: 26584811 Fax: 26538793 Toll Free: 1800 4259 449**

I have incurred the following expenses for the treatment of the disease / ailment / injury detailed overleaf:

To be filled by the Claimant					Medi Assist Use Only	
Bill No	Date	Issued by	Towards	Amount	Disallowed	Reason

In support of the above claim, I submit the following documents:

Claim form Duly Signed	Yes	No	Pre-hospitalisation Bills ___No	Yes	No
Copy of Claim Intimation	Yes	No	Post-hospitalisation Bills ___No	Yes	No
Hospital Discharge Summary	Yes	No	Hospital Payment Receipt	Yes	No
Surgeon's Certificate, if any	Yes	No	Investigation Reports	Yes	No
Surgery/ Consultation Bills	Yes	No	Doctor's Reference for Investign	Yes	No
Hospital Main Bill	Yes	No	MRI	Yes	No
Hospital Break - up Bill	Yes	No	CT Scan	Yes	No
Doctor's Prescriptions	Yes	No	ECG	Yes	No
Pharmacy Bills	Yes	No	USG Scan	Yes	No
Any other (Pl. specify):					

**Please note:**

1. You can submit **original or xerox** copies of Discharge Summary / Prescriptions & all Diagnostic / Lab Reports but they should be **duly certified** by either the Hospital or the Insurer. Uncertified copies will not be accepted.
2. Please submit xerox **copies of the Insurance Policy** – current as well as previous

I hereby declare that the information furnished in this Claim Form is true & correct to the best of my knowledge & belief. If I have made any false or untrue statement, suppression or concealment of any material fact, my right to claim reimbursement shall be forfeited.

I also consent & authorise Mediassist India Pvt Ltd., to seek necessary medical information from any hospital / Medical Practitioner who has attended on the person against whom this claim is made.

I hereby declare that I have included all the Bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the Post - hospitalisation claim, if any.

**Date:**

**Signature of the Claimant**



**MEDI ASSIST INDIA PRIVATE LTD.,**

#49, "Shilpa Vidya" Buildings, 1<sup>st</sup> Main, Sarakki Industrial Layout, 3<sup>rd</sup> Phase J.P.Nagar, Bangalore - 560078.

Phone: 26584811 Fax: 26538793 Toll Free: 1800 4259 449

**MEDICAL CERTIFICATE TO BE FILLED IN BY THE DOCTOR TREATING THE PATIENT**

1	Name of the Patient				Age	___Yrs
2	Hospitalisation Period	Date of Admn		Date of Discharge		
3	Diagnosis					
4	Date of first consultation (Prior to Hospitalisation)					
5	Presenting complaints on admission					
6	Since when was the patient suffering from these?					
7	Past history of the Patient, if any, with duration of the ailment/s					
8	Whether the present ailment is a complication of any pre - existing ailment?		Yes	No		
9	If 'Yes', please specify the Disease or complication of any previous surgery done & the details thereof					
10	Whether the Disease / Defect / Disorder is Congenital in nature?					
11	Nature of Treatment given or Surgery performed for the present ailment / injury					
12	If the claim is for <b>Maternity</b> , number of living children <b>excluding the new born</b>					
13	Whether the Hospital is registered with Local Authorities? If 'Yes' please furnish Registration No					
14	Number of In-patient beds in the hospital (including ICU)					
15	Whether the hospital has fully equipped OT of its own?					
16	Whether qualified nurses employed round the clock?					
17	Whether under the supervision of a Registered Medical Practitioner round the clock ?					

Date:

Signature of the Doctor with Seal





To \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir/s,

**Re: AUTHORISATION TO M/s. MEDI ASSIST INDIA PVT. LTD.,**

I have undergone treatment for \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_ in your hospital under Inpatient  
No: \_\_\_\_\_.

I hereby authorise M/s. Medi Assist India Pvt. Ltd., who are my TPA for the Mediclaim policy I have, to seek any medical information / records from you or from the Medical Practitioners who has attended on me in connection with the above ailment.

In case they seek any such information / records kindly oblige. I have no objection whatsoever in this regard.

Thanking you,

Yours faithfully,

(Signature of the Claimant)

Date:

**Address of the Insured:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHEME : 2**

## **POST RETIREMENT MEDICAL BENEFIT SCHEME.**

The Scheme has been applicable to employees separated on or after 01/01/1997 and their spouses who are categorized under Clause 1(d) below:-

### **1. COVERAGE**

- a Employee separated on attaining the age of Superannuation.
  - b Employees separated under Voluntary Retirement Scheme and not gainfully employed.
  - c Employees who ceased to be in employment on account of Permanent total disablement.
  - d Spouse of deceased employees covered under the above categories or spouse of an employee who died while in service and not gainfully employed.
2. The insurance coverage will be extended to only two members of the family ie. the employee and his or her spouse.
  3. The sum insured for each family unit (1+1) shall be Rs.2 lakh with family floater. Under floater cover, the member(s) of the family shall be able to avail of treatment up to the limit of coverage. Any excess expenditure beyond sum assured, will be borne by the Insured member.
  4. The policy does not provide Domiciliary Hospitalization treatment and out patient treatment.
  5. The policy covers pre-existing diseases.
  6. The policy covers first year's exclusions and 30 days waiting period.
  7. The upper age limit for enrolment and renewal will be as per the policy as may be notified by Insurance Company from time to time. However, as per existing terms the upper age limit is **80 years**.

### **8. Procedure for Treatment.**

- a. The insured person will be provided documents like photo identity card for each insured person, (ie. separately for each member of the family), specifying

therein the name and age of respective person, policy number and period of insurance along with guide book explaining therein the procedure for submission of claim, if any and list of net-working hospitals/nursing homes all over India). For issue of photo passes stamp size photo of the employee and his/her spouse has to be sent to HNL.

- b. The Insurance Company has tie-ups with large numbers of big Hospitals/Nursing Homes where members can get admitted. List of such hospitals will be given initially with the prospectus of the policy. Any inclusion or exclusion will be intimated subsequently.

#### **9. Settlement of Claims.**

- a. This is a cashless medi -claim policy. All claims of hospital dues up to coverage limit of Rs.2,00,000/- (Rupees two lakh only) will be settled by the Insurance Company through the Third Party Administrator (TPA) only if the member is admitted in the net working hospital. In case of treatment at hospitals where insurance company does not have tie-up, the member has to bear expenditure of treatment on his own and submit medical claim through TPA for reimbursement. The norms provided by the Insurance Company for getting treatment in a non-tied-up hospital/nursing home are to be followed by the members.
- b. Diseases/injuries arising out of war and war-like perils, nuclear or Ionizing radiation, health check up cost, charges incurred under domiciliary hospitalization/treatment benefit, maternity benefit, Ambulance/Attendant/Ayah charges, Cost of appliances (ie. Wheelchair, spectacles, contact lenses, hearing aid, crutches, bedpan, lumber/collar belt, etc.) Telephone/washing charges and expenses incurred for stay of family members of insured person in hospital/nursing home are not covered under the policy.

#### **10. Payment of premium for the year 2016.**

- a. The member(s) enrolled in the scheme will bear 70% of the annual premium charged by Insurance Company as revised from time to time, in advance to

HNL ie., one month before the commencement of the insurance coverage. The premium for the year 2016 is Rs. 12675/- of which the member has to pay only Rs.8873/- by drawing a DD in favour of Hindustan Newsprint Limited, for the amount. The member will then be covered from the subsequent month of making the payment.

- b. HNL Office will make payment of the lump sum premium determined on the basis of actual number of members enrolled to the Insurance Company.
- c. The coverage of Insurance will be for one year from the date of joining the insurance scheme.

## **Application for Post Retirement Medical Benefit Scheme-2016**

1	Name of the Retired-employee	
2	Change of address, if any	Yes/No
3	Address	
4	Badge No.	
5	Date of birth & age	
6	Name of Spouse	
7	Date of birth & age of Spouse	
8	Telephone No. 1. Land line 2. Mobile	
9	Details of Payment a) <u>By Demand Draft</u> Name of Bank DD No. & Date Amount b) <u>By Cash</u> Cash Receipt No. Date Amount	

Signature of the Retired-employee

Place :

Date :