



THE NEW INDIA ASSURANCE CO. LTD.
REGISTERED & HEAD OFFICE: 87, MAHATMA GANDHI ROAD, MUMBAI
400001

UNDERWRITING GUIDELINES FOR MEDICLAIM 2012

MEDICLAIM 2012 is a new Health Insurance Product which replaces Mediclaim 2007

SECTION I:

1. WHO COULD BE COVERED?

RENEWALS:

All existing Policy holders of Mediclaim 2007, shall, on renewal migrate to Mediclaim 2012. At the time of migration, a Fresh Proposal form has to be obtained.

FRESH:

The policy is available for all those persons who have not completed 65 years of age, subject to satisfactory Medical Examination as per Clause 4 of Section II.

2. MEDICLAIM 2012 AND FAMILY MEDICLAIM 2012

A. MEDICLAIM 2012 is available for Individual Sum Insured, and **Family Mediclaim 2012** is available for covering **all** members of the family under a Single Sum Insured. The members of the family who could be covered under FAMILY MEDICLAIM 2012 are:

- a) Proposer
- b) Proposer's Spouse
- c) Proposer's Children
- d) Proposer's Parents

B. RATING METHODOLOGY FOR FAMILY MEDICLAIM 2012

Rating for each member of the Family should be made as applicable to that Member's age for the chosen Sum Insured, after taking into account the No Claims Discount as per clause 13 of Section II.

On the total premium computed as per applicable age, a discount as shown below is granted:

<u>DISCOUNT FOR FAMILY MEDICLAIM 2012</u>	FLOATER SUM INSURED	
NUMBER OF PERSONS	% DISCOUNT ON TOTAL PREMIUM	
	UPTO 300000	300000 AND MORE
TWO	11	13
BETWEEN 3 AND 4	13	15
MORE THAN 4	16	18

3. MAXIMUM ENTRY AGE

Entry into both the policies after 65 years of age is not permitted. However, a person who has entered either of the policies at the age of 64 or less could continue to renew the policy even after 65 years of age.

SECTION II:

The salient features and underwriting guidelines of the policy are as under:

COMMON FEATURES FOR BOTH THE POLICIES- MEDICLAIM 2012 and FAMILY MEDICLAIM 2012:

1. Effective date of commencement of the New Product is 01.07.2013.

2. TPA OPTION

Proposer can opt for servicing of policy through TPA or directly through Company. Proposer, who does not opt for TPA services, will have their claims settled directly by Underwriting Offices on reimbursement basis. No cashless facility would be available, if the Proposer opts for direct settlement. There will not be any discount in premium for not availing TPA services.

Option is available for customers to seek a change of the TPA. Such option is valid only if exercised thirty days before the renewal date of the policy. If such an option is exercised by the Senior Citizen, the TPA of the expiring policy could be changed to any other TPA empanelled by Head Office as per the list furnished below:

EMEDITEK
GOODHEALTHPLAN
HEALTH INDIA
HERITAGE
MD INDIA
MEDIASSIST
MEDICARE
RAKSHA
TTK
VIPUL

3. AGE

The policy is available for persons between the age of 18 years and 65 years. However, financially dependent children between 3 months and 25 years can be covered, only if either of the parents is also covered under the policy. The child above age of 25 years can be covered if he/she is "mentally challenged". "Unmarried Daughter" can also be covered above age of 25 years, if she is financially dependent on parents.

Insured may renew their policies beyond the age of 65 years provided there is no break in insurance.

Any break in insurance upto a period of thirty days could be condoned by the underwriting office. On such condonation, the Insured Person is entitled to all continuity benefits applicable under the policy. However, the renewed policy shall not cover any disease contracted or injury sustained during the period of break in insurance.

4. MEDICAL CHECKUP

Persons above 45 years of age, or persons with adverse medical history, opting for Mediclaim policy for the first time will have to undergo the prescribed pre-health check-up from an empanelled doctor. 50% of the reasonable cost of such health checkup will be reimbursed to the customer, if the risk is accepted.

Persons suffering from incurable / chronic diseases needing recurring treatment of any kind, such as renal failure, cancer, Parkinson's disease, Diabetes Mellitus type II, etc will not be considered for acceptance under the policies.

PRE-ACCEPTANCE MEDICAL CHECK UP

The Company requires submission of Medical Reports when the proposer is above 45 years or suffering from any illness/disease. The requirement for Pre acceptance medical checkup is for fresh proposal or when the sum insured is enhanced at the time of renewal or when there is a break in insurance for more than thirty days. The required tests are as follows:

1 CBC
2 BLOOD SUGAR FASTING
3 BLOOD SUGAR – PP
4 SGPT
5 SGOT
6 CHOLESTEROL
7 TRIGLYCERIDES
8 HDL CHOLESTEROL
9 ROUTINE URINE
10 ECG
11 X RAY CHEST PA VIEW
12 PHYSICIAN CHECK UP
13 EYE CHECK UP FOR CATARACT & GLAUCOMA

5. PROOF OF AGE

Proof of age must be obtained, especially for persons on the borderline of age band requiring medical examination and / or higher premium and on increasing the Sum Insured.

The revised proposal form (along with pre-acceptance health check up form, where applicable) duly completed in all respects is mandatory.

Non-disclosure or misrepresentation of material facts may result in rejection of claim.

6. FAMILY

'Family' comprises the insured and the family members as defined under Section I Clause 2(A).

(A) Family Discount: 10% discount on premium is granted for covering family members under MEDICLAIM 2012. For covering the family members under FAMILY MEDICLAIM 2012, the discount would be as specified under Section I Clause 2 (B).

Midterm inclusion is allowed for newly married spouse by charging pro-rata premium for the remaining period of the policy. Any child born during the currency of the Policy can be covered under the Policy provided the child has attained the age of three months on the date of such inclusion by paying applicable pro rata premium. No family discount is permissible for any midterm inclusion.

7. SUM INSURED

Sum Insured is available from Rs.100000 up to limit of Rs.800000. The Sum Insured slots of Rs.125000, 175000, 225000, 275000, 350000 and 450000 are available only at the time of migration to Mediclaim 2012. Any person covered under Mediclaim 2007 for these slots can continue to renew the policy for the same Sum Insured under Mediclaim 2012. A person insured in Mediclaim 2007 under any other slot of Sum Insured but opting to change to any of these slots in Mediclaim 2012 (subject to Clause 8 of Section II) can do so only at the time of migration. Thereafter these slots of Sum Insured would be available only for renewals. Fresh policies shall not be issued for these slots of Sum Insured.

Fixation of Sum Insured: The minimum sum insured is Rs.100000. The sum insured for each of the family members could be different. For example, the Insured could cover himself for Rs. Eight lakhs, his spouse for Rs. Five lakhs and his child for Rs. Three lakhs. However, the Sum Insured for any member of the Family **cannot be more than the Sum Insured of the Proposer.**

Midterm increase in sum insured will not be permitted.

8. ENHANCEMENT OF THE SUM INSURED

Sum Insured can be increased at the time of renewal subject to the condition that during the two preceding years(including the expiring Policy year) the person, in respect of whom an increase in Sum Insured is sought, has not been hospitalized, regardless of whether or not a claim was lodged for such Hospitalization or not. No enhancement in sum insured shall be allowed to persons above 65 years of age, except as provided in Annexure 1, for enhancement of Sum Insured at the time of Migration to Mediclaim 2012. All requests for increase in Sum Insured should be accompanied by a proposal form with all details filled in.

Such enhancement in Sum Insured shall not exceed Rs. Three Lakhs for persons between the age of 56 and 65.

Insured Persons suffering from chronic ailments of recurring nature should not be considered for enhancement of the sum insured.

A onetime option of increase in Sum Insured is available, as per details in Annexure I.

9. PREMIUM RATES

The premium payable is determined on the following criteria:

1. Age of the Insured
2. Sum Insured (As per Clause 7 of Section II)
3. Area of Coverage (As per Clause 10 of Section II)
4. No claim Discount for Claim free experience (As per Clause 13 of Section II)
5. Family Discount (As per Clause 6(A) of Section II)
6. Entry Load, where applicable (As per Clause 11 of Section II).

10. AREA OF COVERAGE

Area of Coverage is based on four Zones.

<u>EACH ZONE IS CLASSIFIED AS BELOW:</u> (The Cities mentioned below would include their Urban Agglomeration)	
Zone- I	Greater Mumbai
Zone-II	Delhi and Delhi NCR, Bangalore, Chennai, Hyderabad and Secunderabad, Ahmedabad and Kolkatta, Vadodara
Zone-III	Rest of India (other than those areas specified in Zone I,II and IV)
Zone-IV	The States of Bihar, Orissa, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura, Jharkhand, Sikkim, Chhattisgarh, Uttarakhand, Jammu and Kashmir

The Insured can choose the Area of Coverage at the time of proposal, and can also change it at the time of renewal. The Area of Coverage depends on the Zone rate, as per details below:

IF PREMIUM IS RATED AS PER	AREA OF COVERAGE
ZONE I	ALL INDIA
ZONE II	ALL INDIA EXCLUDING ZONE I
ZONE III	ALL INDIA EXCLUDING ZONE I AND II
ZONE IV	ONLY ZONE IV

Area of coverage can be chosen regardless of the place of residence of the Insured. But the choice of coverage should be uniform for all persons insured under a policy.

Where any claim is lodged for treatment at a Hospital outside the Area of Coverage, the claim would be paid only upto 80% of the admissible amount.

11. ENTRY LOAD

Entry Load would be made on Premium for New Entrants as per Table Below.

SUM ASSURED	Upto45	45-50	51-55	56-60	61-65
Upto 3 Lakhs	Nil	Nil	1000	1500	2000
3 lakhs to 5 lakhs	Nil	1000	2000	Not Eligible	Not Eligible
Over 5 lakh	Nil	2000	4000	Not Eligible	Not Eligible

Entry Load would cease to be charged after two claim free years of Continuous Coverage.

12. CUMULATIVE BONUS UNDER MEDICLAIM 2007:

Mediclaim 2012 does not have a provision for Cumulative Bonus. But the Cumulative Bonus earned under Mediclaim 2007 is protected and shall be transferred to Mediclaim 2012 as Cumulative Bonus Buffer. No fresh accruals would take place to this Buffer as there is no provision for Cumulative Bonus in Mediclaim 2012. Payments during the year on claims admitted can be made upto the total of Sum Insured and Cumulative Bonus Buffer.

This Buffer would continue to be carried over to the succeeding year, if renewal is made without break. The buffer would be exhausted only to the extent admissible claim exceeds Sum Insured. The Buffer will be carried to the next year unless and until it is completely used.

13. NO CLAIM DISCOUNT

There is a provision for No Claim Discount for **Claim Free** coverage under Mediclaim Policy 2012 or FAMILY MEDICLAIM 2012 as mentioned below:

	AGE ≤ 60		AGE > 60	
	% Discount per year	Max. Discount%	% Discount per year	Max. Discount %
SUM INSURED <300000	2	10	3	15
SUM INSURED =>300000	3	15	3	15

(For determining No Claim Discount, the Sum Insured of the expiring Policy is to be considered, and number of years of claim free experience could also include insurance for lower amounts of sum insured. For instance, a person aged 46 could have been insured for Rs 300000 for one year, at the time of expiry, but for Rs 100000 for two previous years. In this case, the No Claim Discount admissible would be 9 %.)

This Discount is available only for the years of claim free experience in Mediclaim 2012. Claim free experience under Mediclaim 2007 shall not be reckoned for No Claim Discount. For instance, if a person, aged 50 and covered under a Sum Insured of Rs.100000, had covered himself from 01.01.2008, and had No claims and was renewing the policy continuously, he would be eligible only **for 2% No Claim Discount at the time of renewing his Mediclaim 2012 Policy on 01.01.2015.**

No Claim Discount is available only when no claims have been made in the expiring Policy and only when the Policy is renewed before its expiry.

NO CLAIM DISCOUNT UNDER FAMILY MEDICLAIM 2012 WOULD BE PERMISSIBLE ONLY FOR THOSE MEMBERS FOR WHOM THERE WAS NO CLAIM MADE DURING THE PREVIOUS YEAR. The rate of No Claim Discount and other Conditions for Family Mediclaim 2012 would be the same as for Mediclaim 2012.

14. MIGRATION FROM MEDICLAIM 2007

Persons who are insured for a Sum Insured of Rs Five Lakhs, under Mediclaim 2007, can, at the time of migration to Mediclaim 2012, opt to be covered for Rs Six, Seven or Eight Lakhs. This option is available to all Insured Persons with a Sum Insured of Rs. Five Lakhs, regardless of age, provided that during the two preceding years (including the expiring Policy year) the person, in respect of whom an increase in Sum Insured is sought, has not been hospitalized, regardless of whether or not a claim was lodged for such Hospitalization or not. However, this is a onetime option available only at the time of migration from Mediclaim 2007 to Mediclaim 2012.

15. HOSPITAL CASH

MEDICLAIM 2012 provides for payment of Hospital Cash at 0.1% of Sum Insured per day of Hospitalization, for those policies with a Sum Insured of Rs. Three Lakhs or more. The total payment for Any One Illness shall not exceed 1% of the Sum Insured. This payment is applicable only where Hospitalization exceeds twenty four consecutive hours.

Hospital Cash benefit is also available for FAMILY MEDICLAIM 2012.

16. COST OF HEALTH CHECK UP

The Insured shall be entitled for reimbursement of cost of health check up undertaken once at the expiry of a block of three continuous claim free years of **New India's Policy**. The cost so reimbursable shall not exceed Rs.5000 or 1% of the average Sum Insured of the Insured Person in the preceding three years, whichever is less. Health Check up benefit is **not available** for Family Mediclaim 2012.

17. RENEWAL

Renewal of Mediclaim policy should not be rejected on grounds other than fraud, misrepresentation, suppression or non cooperation by the Insured or any one acting on his behalf. At the time of renewal an Insured can choose to port from Mediclaim 2012 to Family Mediclaim 2012 and vice versa, but the coverage would be subject to the terms and the conditions of that Policy to which he chooses to port. An Insured can also choose to port to Health Insurance plan of any other Insurer as provided by IRDA Portability Regulations.

18. PRE-EXISTING DISEASES/CONDITION EXCLUSION

All diseases / injuries / conditions, which are pre-existing when the cover incepts for the first time will be excluded. Any complication arising from pre-existing disease / ailment / injury will be considered as a part of pre-existing condition.

19. COMPULSORY COVERAGE FOR DIABETES / HYPERTENSION

The existing conditions of Diabetes (Random Blood sample showing sugar of 150 mg and above) and Hypertension (Blood Pressure showing 140/90 and above) have to be covered compulsorily by payment of additional premium at the rate of 10% of basic premium per each condition. This additional premium will be payable at every subsequent renewal.

On payment of additional premium, these condition(s) will be covered in the following manner:

Not exceeding twenty four months of Continuous Coverage	No claim
More than twenty four months but less than thirty six months of Continuous Coverage	50% of admissible claim or 50% of the sum insured whichever is less
More than thirty six months but less than forty eight months of Continuous Coverage	75% of admissible claim or 75% of the sum insured whichever is less
More than forty eight months of Continuous Coverage	100% of admissible claim or sum insured whichever is less

In the Table above, Coverage would mean coverage under Medclaim 2007 or MEDICLAIM 2012 without break.

This loading is applicable to all cases of migration from Medclaim 2007 where such loading was already applicable, or where the Insured Person was suffering from either or both of these conditions at the time of migration. This loading is also applicable to fresh proposals where the Insured Person is suffering from either or both of these conditions, as disclosed in the proposal or as ascertained from Medical examination.

Failure to disclose such condition would be construed as non disclosure of material fact.

20. DEDUCTIBLE FOR THOSE WHO ENTER THE POLICY AT OVER 55 YEARS OF AGE

For persons over 55 years of Age who enter the Medclaim 2012 Policy for the first time, a deductible of 20% is made on each and every admissible claim. However, this deductible would not apply after four claim free years of continuous coverage. This deductible would also not apply to any person whose Continuous Coverage incepts in Medclaim 2007 Policy.

If in respect of any Insured Person the deductible as per Clause 3.2 and 3.3 are applicable, both would operate in sequence. To illustrate, for a claim where both conditions are admissible, if admissible claim amount is 10000, 20% would be deducted for application of Clause 3.2 (Deductible for those who enter the policy at over 55 years of age) and on this admissible claim amount of 8000, another 20% on 8000 would be deducted for application of Clause 3.3 (Treatment outside area of coverage) and the amount payable would only be 6400.

21. AGENCY COMMISSION

The agency commission is payable as per the following table:

	AGENTS	BROKERS	
IF INSURED PERSON'S AGE IS UPTO 50	15%	15%	
IF INSURED PERSON'S AGE IS BETWEEN 51 AND 60	7.5%*	7.5%*	
IF INSURED PERSON'S AGE IS MORE THAN 60	5%*	5%*	
[* FOR SUM INSURED OF FIVE LAKHS AND ABOVE AND WITH NO CLAIMS EXPERIENCE IN THE PAST TWO YEARS, THE COMMISSION/BROKERAGE PAYABLE WILL BE 12.5%]			

22. SPECIAL DISCOUNT: No special discount in lieu of the agency commission is allowed.

23. SERVICE TAX: As applicable.

24. STAMP DUTY: As per provisions of Indian Stamp Act 1899.

25. DEDUCTION UNDER SECTION 80D OF INCOME TAX ACT: As per Section 80 D of the Income Tax Act, 1961.

ANNEXURE I

AT THE TIME OF MIGRATION FROM MEDICLAIM 2007 TO MEDICLAIM 2012				
AGE	UPTO 45	46-55	56-65	OVER 65
PRESENT SUM INSURED	WITHOUT CLAIM OR HOSPITALIZATION IN THE TWO PRECEDING YEARS			
500000	YES. UPTO EIGHT LAKHS	YES. UPTO EIGHT LAKHS WITHOUT MEDICAL EXAMINATION	YES. UPTO EIGHT LAKHS WITHOUT MEDICAL EXAMINATION	YES. UPTO EIGHT LAKHS WITHOUT MEDICAL EXAMINATION
LESS THAN 500000 BUT MORE THAN OR EQUAL TO 300000	YES. UPTO EIGHT LAKHS	YES. UPTO EIGHT LAKHS WITHOUT MEDICAL EXAMINATION	UPTO <u>5</u> LAKHS, WITHOUT MEDICAL EXAMINATION AND <u>UPTO 8 LAKKHS WITH MEDICAL EXAMINATION</u>	YES. UPTO FIVE LAKHS, WITHOUT MEDICAL EXAMINATION
LESS THAN 300000	YES. UPTO EIGHT LAKHS	YES. UPTO FIVE LAKHS , WITHOUT MEDICAL EXAMINATION	UPTO <u>3</u> LAKHS, WITHOUT MEDICAL EXAMINATION AND <u>UPTO 5 LAKHS WITH MEDICAL EXAMINATION</u>	YES. UPTO THREE LAKHS, WITHOUT MEDICAL EXAMINATION

AT SUBSEQUENT RENEWALS UNDER MEDICLAIM 2012				
AGE	UPTO 45	46-55	56-65	OVER 65
PRESENT SUM INSURED	WITHOUT CLAIM OR HOSPITALIZATION IN THE TWO PRECEDING YEARS			
500000	YES. UPTO EIGHT LAKHS	YES. UPTO EIGHT LAKHS, WITHOUT MEDICAL EXAMINATION,	YES. UPTO EIGHT LAKHS, <u>WITH MEDICAL EXAMINATION</u>	NO ENHANCEMENT
LESS THAN 500000 BUT MORE THAN OR EQUAL TO 300000	YES. UPTO EIGHT LAKHS	YES. UPTO FIVE LAKHS, WITHOUT MEDICAL EXAMINATION	YES. UPTO FIVE LAKHS, <u>WITH MEDICAL EXAMINATION</u>	NO ENHANCEMENT
LESS THAN 300000	YES. UPTO EIGHT LAKHS	YES. UPTO THREE LAKHS, WITHOUT MEDICAL EXAMINATION.	YES. UPTO THREE LAKHS, <u>WITH MEDICAL EXAMINATION</u>	NO ENHANCEMENT

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