



Nobody likes being in hospital!

But if anyone from your family needs medical treatment,
#TakeUsForGranted to be there for you!

Edelweiss Group Health Insurance Policy Policy Schedule



Policy insurance and servicing detail

Policy Issuing Office:	Edelweiss General Insurance Company Limited, Corporate Office: 2nd Floor, Tower 3, Wing B, Kohinoor City Mall, Kohinoor City, Kirod Road, Kurla (West), Mumbai-400070
Policy Servicing Office:	Edelweiss General Insurance Company Limited, 427/14-1, 1st Floor, 9th Main Road, 5th Block, Jayanagar, Bengaluru, Karnataka - 560041



Details of the Insured

Policy Number:	EGIC01-102279-00-000	
Name of Insured:	Gda Foundation Surana College .	
Address:	` NO 16 SOUTH END ROAD SOUTH END CIRCLE BASAVANGUDI BANGALORE, ANEKAL, BANGALORE, KARNATAKA - 560004	
Contact No.:	9916107711	
GSTIN of Insured:		
Period of Insurance:	From 00.00 Hrs of 17/12/2022 To midnight 23:59 Hrs of 16/12/2023	
Policy Type: Per Person	Policy Tenure: 1 Year(s)	Previous Year Policy Number: NA
Business Type: New Business	Policy Variant: Family Floater	Installment Premium payment mode: No
Insured / Primary Member Relationship		
Occupation:	NA	Relationship between Insured and Primary Members:Employee-employer relationship
No. of Primary Members:	261	
No. of Dependents: 408	Total Members: 669	
Email ID:	shilpa.m@rmsarc.com	



TPA and Intermediary detail

TPA Name:	Family Health Plan (TPA) Ltd.
TPA Code:	TP00000013

Intermediary Name: RMS ARC Insurance Brokers Pvt. Ltd.	
Intermediary Reference Code: 2210000628	Contact: 9902246206
Intermediary Sales Person's Name: Prashanth S	
Intermediary Sales Person's Contact: 9902246206	
POS UID Aadhaar No./PAN: AAECA9721D	



Co-Insurance Details:

Sr. No.	Name of Insurer	Share (in %)	Office Address (leader)
1.	NA	NA	NA



Coverage and members' details

Demography wise details										
Sum Insured	0-18	19-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	81-99
200000	187	209	176	77	17	2	1	0	0	0
Basic Benefit: As per Annexure "A"						Sum Insured:52200000.00				
Deductible/ Sub Limit Applicable(if any): As per Annexure "A"										
As per Annexure A (applicable if more than one category level):										
Disease-wise sub limit (if opted for by insured): Disease sub-limit as given below or SI whichever is lower.										

Disease	Sub Limits options	Disease	Sub Limits options
Cataract	No Limit	Hysterectomy	No Limit
Removal of gall bladder	No Limit	Surgery for piles	No Limit
Surgery for fissure, Fistula	No Limit	Appendectomy	No Limit
D & C	No Limit	Hernia	No Limit
Deviated Nasal Septum and Sinus	No Limit	Surgery for renal stone	No Limit
Prostate Surgery TURP	No Limit	Angiography invasive	No Limit
PTCA	No Limit	CABG	No Limit
Bilateral Total Knee / Hip Replacement	No Limit		



Special conditions

- 1) Family definition Self Spouse 3 dependent children.
- 2) Maximum age of entry in policy is 65 Yrs for Self and Spouse.
- 3) Maximum age of entry for dependent children is 25 years.
- 4) Day care Up to the Sum Insured.
- 5) Room rent limit Restricted to Rs. 4000/- for normal and and Rs.6,000/- for ICU. If the Insured Person is admitted in a room where the Room Rent incurred is higher, then the Insured Person shall bear the rateable proportion of the total associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the room rent actually incurred and the room rent limit.
- 6) No change of Sum insured allowed after commencement of the policy.



Schedule of premium

Basic Premium:	Rs.1300000.00
Loading/Discounts:	Rs.0.00
Premium (Exclusive of Tax):	Rs.1300000.00
IGST / UTGST @18%:	Rs.0.00
CGST Amount @9%:	Rs.117000.00
SGST Amount @9%:	Rs.117000.00
Total Premium:	Rs.1534000.00



General conditions

1. The Insured's authorized representative shall authenticate the updated final list of Insured Person/s at inception of Policy and all subsequent Additions & deletions during the Policy period should be duly intimated as per the periodicity agreed upon by the Company.
2. Adequate Cash Deposit (CD) Balance is required to be maintained at all times to ensure that adequate premium is available for inclusion of member/s as applicable.
3. Commencement Date of Cover It is hereby declared and agreed that the Insured Persons are covered under this Policy only till such time they are on rolls of the Insured (Policy Holder). It is further agreed that any addition/deletion of members shall be communicated to the Insurer in writing within a reasonable time from the date of joining/ leaving but not later than the last day of the succeeding month of joining / leaving the employment. br / The cover will commence from the joining date for such Insured Person/s (as requested by the Insured and agreed to by the Insurance Company) subject to adequate premium balance maintained with the insurer for such additions. In case of inadequate premium balance with the Insurer on the day of inclusion of the additional members, the balance premium available as on that date would be reckoned for such members as per the serial number of the list received from the Insured. Where no such premium balance is maintained, the cover for such additions will commence from the date of receipt of premium by the Insurer. br/ Refund on deletion of members will be effected only for such members who have not preferred any claims under the Policy. Dependents of Primary members shall be declared at the inception of the Policy. Any mid-term inclusion of dependents will not be allowed except for spouse by marriage, child by birth and for employees joining the employment during the Policy Period. br/ In case of intimation received beyond the stipulated time period, the risk commencement date for additional members would be from the date of intimation to the Insurer or as otherwise specifically agreed to by the Insurer subject to adequate premium balance.
4. In case of premium payment by cheque, in the event of dishonor of cheque for any reason whatsoever cover provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not
5. 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

6. The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and /or liabilities to any other person, Institution, Hospital, Company or Body Corporate without specific approval in writing by a duly authorised officer of the Company . However ,if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the Insured Person(s) may represent him in respect of a Claim under the Policy

7. The Insured's authorized representative shall authenticate the updated list of the Insured Person/s to be covered as at the inception of Policy. The risk start date for each of the Certificate of Insurance provided to Individual Insured Person would be from the date of receipt of premium at our end

8. All terms, conditions and exclusions as per standard Policy wordings.

9. For any further assistance please feel free to write to us on support@edelweissinsurance.com or call us on our Toll Free number 1800 120 216216 (between 8 00am to 8 00pm, 7 days of the week) our representatives will be glad to help you.

10. Adequate Cash Deposit.



Important note

Insurance is a contract governed by the principle of utmost good faith, requiring the Insured to disclose all material information and ones which have a bearing/ impact on the acceptance or rejection of the proposal by the Company. In the event of any discrepancy in this Policy Schedule, contact us immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

Received premium payment of: 1534000.00 vide instrument / reference number: 725937 dated 29/12/2022 against receipt number 1202270014670

GST Registration Number:	29AAECE2328J1ZK
For and on behalf of Edelweiss General Insurance Company Limited	
Authorized Signatory	
Location: BENGALURU	
Date: 29/12/2022	

"Consolidated Stamp duty Paid vide Letter of Authorisation No. CSD/353/2022/2343 Date 01-June-2022 at General Stamp Office, Mumbai".

For any policy-related or claim-related assistance, please feel free to write to us on support@edelweissinsurance.com on 1800 12000. Our representatives will be glad to help you.

Tax is not payable under reverse charge by the recipient	
HSN/SAC Code: 997133	Description of Goods or Service: General Insurance services
Place of Supply: KARNATAKA	
State: KARNATAKA	Code: 29



Annexure A: Benefit chart

Sr. No.	Category	No of Lives	Benefit(s)	Total Sum Insured	Cover-Add on Coverages/ Sub-limits (if any)	Individual/Floater Sum Insured/Sub-limits
1	Group1	669	Hospitalization Cover	52200000	Basic Hospitalisation Expenses	Sum insured Rs.-200000 Per Family as per demography provided
					Pre-post Hospitalization	30 days pre hospitalization and 60 days post hospitalization
					Reimbursement of Organ Donor Expenses	Not covered
					Maternity Benefit - 9 Month Waiting Period	9 month waiting period for maternity - Not applicable
					Waiver of 30 days waiting period	30 days waiting period - Not applicable
					Baby Day one cover	Covered
					Corporate Buffer Cover	Corporate buffer with the limit of Rs. 1000000 Corporate Buffer limit restricted to Individual/Individual Family Sum Insured. Corporate buffer benefit can be utilized for all ailments
					Additional Sum insured for Hospitalization due to Critical illness	Not covered
					AYUSH Treatment	Covered upto SI
					Out Patient Cover	Not covered
					Hospital Cash Allowance	Not covered
					Lasik surgery	Covered upto SI, in case correction index is +/- 7.5D
					Infertility Treatment	Not covered
					Restoration of Sum Insured	Not covered
					Co-Payment	No co-pay
					Domiciliary Hospitalization	Covered upto SI
					Two years waiting period	Not applicable
1	Group1	669	Hospitalization Cover	52200000	Pre and Post Natal	Covered upto Rs.10000/-or SI whichever is lower
					Room rent capping	Restricted to Rs. 4000/- for normal and Rs. 6,000/- for ICU. If the Insured Person is admitted in a room where the Room Rent incurred is higher, then the Insured Person shall bear the rateable proportion of the total associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the room rent actually incurred and the room rent limit.

					Emergency Ambulance Expenses	Emergency ambulance service for transporting Insured Person to Hospital in case of an emergency or from one hospital to another if medical services required. up to Rs.1000/- per event
					Recovery benefit	Not covered
					Stem cell treatment coverage	Covered Upto SI
					Recharge of the Sum Insured	Not covered
					Robotic surgery	Covered upto SI
					Gamma knife / Cyberknife surgery	Covered upto SI
					Remicade, Avastin Injection	Covered upto SI
					Oral chemotherapy	Covered upto SI
					Pre-existing Disease Exclusion Waiver	Pre Existing Diseases covered from day 1
					Cochlear Implant	Not covered
					Sleep Apnoea Syndrome	Not covered
					Maternity Cover	Covered for Rs.50000/- For normal delivery and Rs.50000/- For C-Section. Maternity covered for only first 2 children. Maternity covered for Self & spouse. Maternity Covered for first 10 claims only in the policy period
					Limit for Normal delivery	50000
					Limit for C-Section	50000

"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."