

Salary Account Package for Central Government Employees

Bank Name: Indian Overseas Bank

Salary Product Features		Group-C	Group-B	Group-A
Insurance Cover for Account Holder Only	Personal Accident Death Insurance (Free of cost) <i>{Details in the Annexure-1}</i>	Rs.100.00 Lakhs	Rs.100.00 Lakhs	Rs.125.00 Lakhs
	Air Accident Insurance (Free of cost) <i>{Details in the Annexure-2}</i>	Rs.100.00 Lakhs	Rs.100.00 Lakhs	Rs.125.00 Lakhs
	Permanent Total Disability (Free of cost) <i>{Details in the Annexure-3}</i>	Rs.100.00 Lakhs	Rs.100.00 Lakhs	Rs.125.00 Lakhs

		<table border="1"> <tr><td>A</td><td>Loss of sight of one eye</td><td>50</td></tr> <tr><td>B</td><td>Loss of one limb</td><td>50</td></tr> <tr><td>C</td><td>Loss of toes-all</td><td>20</td></tr> <tr><td>D</td><td>Great-both phalanges</td><td>5</td></tr> <tr><td>E</td><td>Great-one phalanx</td><td>2</td></tr> <tr><td>F</td><td>Other than great, if more than one toe lost each</td><td>1</td></tr> <tr><td>G</td><td>Loss of hearing – both ears</td><td>50</td></tr> <tr><td>H</td><td>Loss of hearing – one ear</td><td>15</td></tr> <tr><td>I</td><td>Loss of Speech</td><td>50</td></tr> <tr><td>J</td><td>Loss of four fingers and thumb of one hand</td><td>40</td></tr> <tr><td>K</td><td>Loss of four fingers</td><td>35</td></tr> <tr><td>L</td><td>Loss of thumb-both phalanges</td><td>25</td></tr> <tr><td>M</td><td>Loss of thumb-one phalanx</td><td>10</td></tr> <tr><td>N</td><td>Loss of index finger i) Three phalanges ii)Two phalanges iii)One phalanges</td><td>10 8 4</td></tr> <tr><td>O</td><td>Loss of middle finger i) Three phalanges ii)Two phalanges iii)One phalanges</td><td>6 4 2</td></tr> <tr><td>P</td><td>Loss of ring finger i) Three phalanges ii)Two phalanges iii)One phalanges</td><td>5 4 2</td></tr> <tr><td>Q</td><td>Loss of little finger i) Three phalanges ii)Two phalanges iii)One phalanges</td><td>4 3 2</td></tr> <tr><td>R</td><td>Loss of Metacarpals (i)First or second (additional) (ii)Third, fourth or fifth (additional)</td><td>3 2</td></tr> </table>	A	Loss of sight of one eye	50	B	Loss of one limb	50	C	Loss of toes-all	20	D	Great-both phalanges	5	E	Great-one phalanx	2	F	Other than great, if more than one toe lost each	1	G	Loss of hearing – both ears	50	H	Loss of hearing – one ear	15	I	Loss of Speech	50	J	Loss of four fingers and thumb of one hand	40	K	Loss of four fingers	35	L	Loss of thumb-both phalanges	25	M	Loss of thumb-one phalanx	10	N	Loss of index finger i) Three phalanges ii)Two phalanges iii)One phalanges	10 8 4	O	Loss of middle finger i) Three phalanges ii)Two phalanges iii)One phalanges	6 4 2	P	Loss of ring finger i) Three phalanges ii)Two phalanges iii)One phalanges	5 4 2	Q	Loss of little finger i) Three phalanges ii)Two phalanges iii)One phalanges	4 3 2	R	Loss of Metacarpals (i)First or second (additional) (ii)Third, fourth or fifth (additional)	3 2
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	ADD on Covers- Girls Child Education/ Marriage, Air/ Ambulance charges, etc. (Free of cost) <i>{Details in the Annexure-5}</i>	Child Education – 5.00 Lakhs Girl Child marriage – 5.00 Lakhs	Child Education - 5.00 Lakhs Girl Child marriage - 5.00 Lakhs	Child Education - 5.00 Lakhs Girl Child marriage - 5.00 Lakhs								
	Term Life Insurance Cover (Free of cost) <i>{Details in the Annexure-6}</i>	Rs.6.00 Lakhs	Rs.8.00 Lakhs	Rs.10.00 Lakhs								
	Term Life Insurance- Add on Cover (Cost to be borne by A/c holder) <i>{Details in the Annexure-7}</i>	Rs. 100 Lakhs (LIC) Prem.: 23K to 114K, (Based on age, M/F)	Rs. 100 Lakhs (LIC) Prem.: 23K to 114K, (Based on age, M/F)	Rs. 100 Lakhs (LIC) Prem.: 23K to 114K, (Based on age, M/F)								
	Wellness Program / Benefits / Annual Health Check-up (Free of cost) <i>{Details in the Annexure-8}</i>	Online Telecommunication for Account holder, Spouse & Two Children	Online Telecommunication for Account holder, Spouse & Two Children	Online Telecommunication for Account holder, Spouse & Two Children								
	Health/ Medical Insurance Cover (cost by A/c holder) <i>{Details in the Annexure 9 a,b, c}</i>	Base Plan: Multiple options Niva Bupa: 2 Lakh - Rs 1999 with a co pay of 20% (1 only). SBI GIC - Cover 5 to 20 Lakh Prem: 12 K to 64 K (2+2) Universal Sompo - Cover 5 to 15 lakh Prem.- 8 K to 78 K (2+2) Prem.- 14 K to 132 K (2+2+2)										
	Top-Up Health/ Medical Insurance Cover (cost by A/c holder) <i>{Details in the Annexure-10}</i>	Top up Plan Niva Bupa Rs.15.00 Lakh. <table border="1" data-bbox="1066 1278 1740 1413"> <thead> <tr> <th>Premium (inc GST)</th> <th>1A</th> <th>2A</th> <th>2A1C</th> <th>2A2C</th> </tr> </thead> <tbody> <tr> <td>Age 18 -60</td> <td>899</td> <td>1499</td> <td>1899</td> <td>2299</td> </tr> </tbody> </table>	Premium (inc GST)	1A	2A	2A1C	2A2C	Age 18 -60	899	1499	1899	2299
Premium (inc GST)	1A	2A	2A1C	2A2C								
Age 18 -60	899	1499	1899	2299								

BANKING				
Banking	Minimum Balance	No minimum Balance Requirement	No minimum Balance Requirement	No minimum Balance Requirement
	Instant Overdraft Facility	Up to 02 months net salary	Up to 02 months net salary	Up to 03 months net salary
	Sweep In -Out facility	Threshold limit 1,00,000/- In multiple of 10,000	Threshold limit 1,00,000/- In multiple of 10,000	Threshold limit 1,00,000/- In multiple of 10,000
	IMPS/ RTGS/ UPI/ SMS Charges	Free	Free	Free
	Free Demand Draft	Unlimited	Unlimited	Unlimited
	Free Cheque Facility	Free	Free	Free
	Concession in Locker Charges	40% waiver	50% waiver	60% waiver
	Concession in Processing & Documentation charges on Housing/ Car/ Education / Personal/ other Retail loan	100% waiver (excluding Personal Loans)	100% waiver (excluding Personal Loans)	100% waiver (excluding Personal Loans)
	Concession in Rate of Interest on Housing/ Car/ Education / Personal/ other Retail loan	Considered on a case-to-case basis	Considered on a case-to-case basis	Considered on a case-to-case basis
	Concession in Demat AMC	-	-	-
	Family Banking Benefits	Yes	Yes	Yes
	Any Other.....	-	-	-

CARDS & OFFERS				
Cards & Offers	Debit Card Variant	Rupay Platinum	Rupay Platinum	Rupay Select
	Debit Card - Issuance / Annual Maintenance Charges	100% waiver on AMC	100% waiver on AMC	100% waiver on AMC
	No. of Free ATM TXN (in a month)	Unlimited Free	Unlimited Free	Unlimited Free
	Airport Lounge Access on Debit Card {Domestic}	1/quarter (No Spending Condition)	1/ quarter (No Spending Condition)	2/ quarter (No Spending Condition)
	Airport Lounge Access on Debit Card {International}	1/year (No Spending Condition)	1/year (No Spending Condition)	2/year (No Spending Condition)
	Other Benefits on ATM	Exclusive offers from selected merchants	Exclusive offers from selected merchants	<ul style="list-style-type: none"> • 1 Complimentary Gym Membership in a quarter • 1 Complimentary premium health checkup package in a quarter • 1 Complimentary SPA session in a quarter • 1 Complimentary Golf Lesson in a quarter • Exclusive offers from selected merchants • 1 Complimentary 12 Months Amazon Prime/ Hotstar/ Sony Liv membership every year

	Credit Card Variant	Rupay Platinum	Rupay Platinum	Rupay Select
Credit Card- Issuance / Annual Maintenance Charges	100% Waiver on Issuance 25% Waiver on AMC	100% Waiver on Issuance 25% Waiver on AMC	100% Waiver on Issuance 100% Waiver on AMC	
Airport Lounge Access on Credit Card {Domestic}	1/ quarter	1/ quarter	2/ quarter	
Airport Lounge Access on Credit Card {International}	1/year	1/year	2/year	
Features & Other Benefit on Credit Card	<ul style="list-style-type: none"> • Fuel surcharge waiver • Various Merchant Offers • Loyalty and Rewards Points 	<ul style="list-style-type: none"> • Fuel surcharge waiver • Various Merchant Offers • Loyalty and Rewards Points 	<ul style="list-style-type: none"> • Fuel surcharge waiver • Various Merchant Offers • Loyalty and Rewards Points 	
Other				

Enclose Annexures.....

**Universal Sompo General Insurance Co. Ltd.****Quotation - Group Personal Accident Insurance Policy**

Group Name	IOB-Category A Government Employees	Date	29-Oct-25			
Location	South	New/Renewal	Fresh Proposal			
Existing Insurer	Fresh Case	Existing Policy No				
Insured Group Details						
Industry	Category A government Employees (IAS & IFS , IPS category).		Moderate			
Policy Period	From	TBD	To			
Policy Type	Named Policy					
No. of Account Holder Members	3,000					
Maximum Age	18 Years to 70 Years					
Sum Insured Criteria	Flat Sum Insured for all members					
Sum Insured bands	12,500,000					
No. of Insured in Sum Insured band	3,000					
Total Sum Insured	INR 37,500,00,000					
Benefits Details						
Accidental Death	Upto 100% of Capital Sum Insured					
Permanent Total Disablement	Upto 100% of Capital Sum Insured					
Permanent Partial Disablement	As per Permanent Partial Disability table of benefit.					
Additional Benefits (Payable only in case the liability for accidental claim is admitted):-						
Children's Education means the financial burden of the Insured Person or his/her nominee/legal heir for the education of dependents [up to 25 years of age] following the Death/Disappearance or Permanent Total Disablement of the Insured Person due to accident.	Actual expenses subject to maximum of Rs.5,00,000/- i. Irrespective of the number of dependents, the maximum recoverable amount is the Sum Insured as mentioned.					
Marriage Expenses means expenses to be incurred on the marriage of unmarried children following Death/Disappearance or Permanent Total Disablement of the Insured Person caused by accident.	Marriage Expenses are covered up to INR 5,00,000/- or actual whichever is lower on the marriage of unmarried children following Death/Disappearance or Permanent Total Disablement of the Insured Person caused by accident.					
Air Accident Cover in case of Accident :	1) Air Accident Coverage up to 1.25 Crores or actual whichever lower, in case of Accident only. 2) Air Accident cover is applicable only for the salary account holders of Indian Overseas Bank. 3) In the events of insured having multiple accounts, the personal Air Accident claim would be payable on one account only, irrespective of number of accounts held by the customer. 4) The limit for AOA/ AOY will be 1.25 Crores.					
Special Conditions :	1) GPA Coverage for Category A government Employees (IAS & IFS , IPS category) - of IOB. 2) GPA Coverage on named basis only. 3) GPA Coverage limited with Accidental Death +PTD and PPD only at SI of flat 1.25 Crore. 4) Self cover only. 5) Policy tenure One year. 6) Age bucket 18-70 years. 7) The policy can be offered to risk class I & II only. 8) Policy Construct : Non-Employer-Employee basis.					
Decline Occupation Category List:	1) Person working as miners. 2) GPA Coverage on un-named basis. 3) Aviation crew and pilots covered under Aviation PA Policy. 4) Persons who engage in hazardous sports like rafting, mountaineering, underwater diving, deep sea diving, rafting, canoeing, bungee jumping, parachuting, sky diving or any other dangerous sport or activity. 5) Alcoholics, persons habitually under the influence of drugs. 6) Political activities in violence prone areas. 7) Proposals from Politically disturbed areas or where enforcement of law and order is lax. 8) Persons undergoing treatment for epilepsy irrespective of origin.					
Policy Exclusion as above:	1) Accidental Bodily injury that the insured person's meet with: a) Through Suicide, attempted suicide or self-inflicted injury or illness. b) While under the influence of liquor or drugs. c) Arising or resulting from the insured person's committing any breach of law with criminal intent. d) Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any duly licensed standard type of aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world. e) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trail runs. f) As a result of any curative or interventions that the insured person's carry out or have carried out on his / her body. g) Arising out of the participations of the insured person's in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic. 2) The insured person's consequential losses of any kind or their actual or alleged legal liability. 3) Venereal or Sexually transmitted diseases. 4) HIV (Human Immunodeficiency Virus) and / or any HIV related illness including, AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused. 5) Pregnancy, resulting childbirth, miscarriage, abortion or Complications arising out of any of these. 6) Nuclear energy, radiation. 7) War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalisation or requisition of or damage by or under the order of any government of public local authority.					
Terrorism Coverage	Not covered under the policy					
Premium Details						
Premium Excluding GST	INR 2,542,373					
GST	INR 457,627					
Premium Including GST	INR 3,000,000					
Name of the Intermediary	Indian Overseas Bank					
Brokerage/Commission	0.00%					
Process for Mid-term Inclusion / Deletion - Named Policy						
* During the currency of the Policy, inclusions will be permitted for new joinees .						
* A cash deposit is to be held by the client to effect inclusion of new joinees from the date of joining; subject to availability of sufficient premium in the deposit to effect the inclusion and the date of joining is in the preceding month to the date of declaration.						
* In case , of any delayed declaration, the inclusion is from the date of receipt of declaration subject to availability of sufficient premium in the deposit to effect the inclusion.						
* If the cash deposit is not sufficient to effect the inclusion, inclusion is effected from the date of payment of premium.						
* Deletion of employee will be from date of leaving provided date of leaving is in the preceding month to the date of declaration. In case of delay in declaration deletion will be effective from date of intimation to USGI. Refund in premium for deletion of member is subject to nil claims.						
Conditions/Warranties						
This is a preliminary quote based on the data and claims experience made available. Any change in the data provided/assumed shall warrant a fresh underwriting approval and change in premium.						
The premium quoted is strictly in respect of the coverage described above. No other coverage are agreed.						
Subject to otherwise Terms and Conditions of Group Personal Accident Insurance Policy of Universal Sompo General Insurance Co. Ltd.						
This quote is valid upto one month from the date of issuance						
Quote Date	31-May-25	Validity till	30-Jun-25			

This is an Internal document.

Universal Sompo General Insurance Co. Ltd.			
Quotation - Group Personal Accident Insurance Policy			
Group Name	IOB-Category B & C Government Employees	Date	20-Nov-25
Location	South	New/Renewal	Fresh Proposal
Existing Insurer	Fresh Case	Existing Policy No	
Insured Group Details			
Industry	Category B & C government Employees		Moderate
Policy Period	From	TBD	To
Policy Type	Named Policy		
No. of Account Holder Members	3,000		
Maximum Age	18 Years to 70 Years		
Sum Insured Criteria	Flat Sum Insured for all members		
Sum Insured bands	10,000,000		
No. of Insured in Sum Insured band	3,000		
Total Sum Insured	INR 30,000,000,000		
Benefits Details			
Accidental Death	Upto 100% of Capital Sum Insured		
Permanent Total Disablement	Upto 100% of Capital Sum Insured		
Permanent Partial Disablement	As per Permanent Partial Disability table of benefit.		
Additional Benefits (Payable only in case the liability for accidental claim is admitted):-			
Children's Education	Actual expenses subject to maximum of Rs.5,00,000/- I. Irrespective of the number of dependents, the maximum recoverable amount is the Sum Insured as mentioned.		
Marriage Expenses	Marriage Expenses are covered up to INR 5,00,000/- or actual whichever is lower on the marriage of unmarried children following Death/Disappearance or Permanent Total Disablement of the Insured Person caused by accident.		
Air Accident Cover in case of Accident :	1) Air Accident Coverage up to 1 Crores or actual whichever lower, in case of Accident only. 2) Air Accident cover is applicable only for the salary account holders of Indian Overseas Bank. 3) In the events of insured having multiple accounts, the personal Air Accident claim would be payable on one account only, irrespective of number of accounts held by the customer. 4) The limit for AOA/ AOY will be 1 Crores. 5) The decline occupation list for Air Accident cover will be as per below T & C.		
Special Conditions :	1) GPA Coverage for Category A government Employees (IAS & IFS, IPS category) along with Category B and C Employees. 2) GPA Coverage on named basis only. 3) GPA Coverage limited with Accidental Death +PTD and PPD only at SI of flat 1 Crore. 4) Self cover only. 5) Policy tenure One year. 6) Age bucket 18-70 years. 7) The policy can be offered to risk class I & II only. 8) Policy Construct : Non-Employer-Employee basis.		
Decline Occupation Category List:	1) Person working as miners. 2) GPA Coverage on un-named basis. 3) Aviation crew and pilots covered under Aviation PA Policy. 4) Persons who engage in hazardous sports like rafting, mountaineering, underwater diving, deep sea diving, rafting, canoeing, bungee jumping, parachuting, sky diving or any other dangerous sport or activity. 5) Alcoholics, persons habitually under the influence of drugs. 6) Political activities in violence prone areas. 7) Proposals from Politically disturbed areas or where enforcement of law and order is lax. 8) Persons undergoing treatment for epilepsy irrespective of origin.		
Policy Exclusion as above:	1) Accidental Bodily injury that the insured person's meet with: a) Through Suicide, attempted suicide or self-inflicted injury or illness. b) While under the influence of liquor or drugs. c) Arising or resulting from the insured person's committing any breach of law with criminal intent. d) Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any duly licensed standard type of aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world. e) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trail runs. f) As a result of any curative or interventions that the insured person's carry out or have carried out on his / her body. g) Arising out of the participations of the insured person's in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic. 2) The insured person's consequential losses of any kind or their actual or alleged legal liability. 3) Venereal or Sexually transmitted diseases. 4) HIV (Human Immunodeficiency Virus) and / or any HIV related illness including, AIDS (Acquired Immune Deficiency Syndrome) and/ or mutant derivatives or variations thereof however caused. 5) Pregnancy, resulting childbirth, miscarriage, abortion or Complications arising out of any of these. 6) Nuclear energy, radiation. 7) War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.		
Terrorism Coverage	Not covered under the policy		
Premium Details			
Premium Excluding GST	INR 1,907,256		
GST	INR 343,306		
Premium Including GST	INR 2,250,563		
Name of the Intermediary	Indian Overseas Bank		
Brokerage/Commission	0.00%		
Process for Mid-term Inclusion / Deletion - Named Policy			
* During the currency of the Policy, inclusions will be permitted for new joiners.			
* A cash deposit is to be held by the client to effect inclusion of new joinees from the date of joining; subject to availability of sufficient premium in the deposit to effect the inclusion and the date of joining is in the preceding month to the date of declaration.			
* In case, of any delayed declaration, the inclusion is from the date of receipt of declaration subject to availability of sufficient premium in the deposit to effect the inclusion.			
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Conditions/Warranties			
This is a preliminary quote based on the data and claims experience made available. Any change in the data provided/assumed shall warrant a fresh underwriting approval and change in premium.			
The premium quoted is strictly in respect of the coverage described above. No other coverage are agreed.			
Subject to otherwise Terms and Conditions of Group Personal Accident Insurance Policy of Universal Sompo General Insurance Co. Ltd.			
This quote is valid upto one month from the date of issuance			
Quote Date	20-Nov-25	Validity till	20-Dec-25

This is an Internal document.

S. No.	Table of Benefits	Percentage of Capital Sum Insured
1	Accidental Death	100
2	Permanent Total Disability:	
a)	Loss of sight (both eyes)	100
b)	Loss of two limbs	100
c)	Loss of one limb and one eye	100
d)	Permanent Total and absolute disablement as certified by Medical Practitioner	100
3	Permanent Partial Disability:	

A	Loss of sight of one eye	50
B	Loss of one limb	50
C	Loss of toes-all	20
D	Great-both phalanges	5
E	Great-one phalanx	2
F	Other than great, if more than one toe lost each	1
G	Loss of hearing – both ears	50
H	Loss of hearing – one ear	15
I	Loss of Speech	50
J	Loss of four fingers and thumb of one hand	40
K	Loss of four fingers	35
L	Loss of thumb-both phalanges	25
M	Loss of thumb-one phalanx	10
N	Loss of index finger	
	i) Three phalanges	10
	ii) Two phalanges	8
	iii) One phalanges	4
O	Loss of middle finger	
	i) Three phalanges	6
	ii) Two phalanges	4
	iii) One phalanges	2
P	Loss of ring finger	
	i) Three phalanges	5
	ii) Two phalanges	4
	iii) One phalanges	2
Q	Loss of little finger	
	i) Three phalanges	4
	ii) Two phalanges	3
	iii) One phalanges	2
R	Loss of Metacarpals	
	(i) First or second (additional)	3
	(ii) Third, fourth or fifth (additional)	2

Indian Overseas Bank
Chennai

03/12/2025
Revised Quote

Dear Sir,

Re : Central Government Employee-Salary Account Holders of IOB

Greetings from LIC of India, Pension & Group Schemes Unit, Chennai.

This has reference to your email giving the Age-wise breakup of Central Govt Employees expected to be enrolled under the proposed Central Government Employee-Salary Account Holders Group Insurance by your Bank. We can offer coverage for all Central Government Employee-Salary Account Holders of IOB on the following lines :

- Death Benefit : In case of death of the Account Holder while the policy is in force, Sum Assured is paid to the nominees of the beneficiary members.
- Coverage can be offered based on 3 grades – 6 lacs, 8 lacs and 10 lacs- depending on their Grade in Central Government Employment **with TOP UP FACILITY in such a way that TOTAL INSURANCE DOES NOT EXCEED Rs 10 Lacs per member.**
- Maximum coverage Rs 10 lacs per member
- Eligible Age band : 18 years (Completed) to 59 years; Coverage upto Age 60 years Nearer birthday.
- Premium quoted : **Uniform premium of Rs 2.50 per thousand Coverage per annum + Applicable GST (now 18%) is quoted for all ages**
- No Medical Examination. Simple Declaration of Good Health at the time of entry into the scheme is sufficient.
- Coverage offered only as long as the members are serving as Permanent Government Employees of Union Government of India
- All members are to be covered under a single Master Policy issued in favour of the Bank. Future enrollments also should happen within the same policy.
- Bank to verify and certify that the said individuals being covered are coming under the Central Government Employee-Salary Account Holders of the Bank.
- **Coverage is offered only to employees in civilian duties and not engaged in Hazardous occupations**

पेशन य समूह योजना विभाग, तीसरा तल, एल.आई.सी. बिल्डिंग, 153, अण्णा सालै, चेन्नै - 600 002.
दूरभाष : 044 - 28604200 ई-मेल : bo_g605@licindia.com



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

- The rates quoted above are not applicable for Defence personnel, Police personnel, BSF, CISF, CRPF, Employees working in Mining organizations, Transport employees, Electricity Generation and distribution organizations and others engaged in Hazardous Occupations.

- Review of premiums based on experience of the scheme every year.
- No Agency Commission is payable to the Bank
- This quotation is valid for 15 days only.

Full members data with Bank A/c details, Name, Central Govt Employee-ID, Dept details, DOB, DOJ, Salary, etc along with requisite premium are required before starting the coverage.

Please be in touch for queries and support.

Will be happy to answer your queries and implement the scheme suiting to your needs.

Thanking you,

Yours faithfully,

Divisional Manager (P&GS)

Chennai Unit

9444550271

पेशन व समूह योजना विभाग, तीसरा तल, एल.आई.सी. विल्डिंग, 153, अण्णा सालै, चेन्नै - 600 002.
दूरध्वाप : 044 - 28604200 ई-मेल : bo_g605@licindia.com

LICs JEEVAN AMAR PREMIUM CHART

Premium for Level Sum Assured and Non Smoker

Regular Premium Payment

AGE	SEX	LEVEL SUM ASSURED	TERM	YEARLY PREMIUM
30	MALE	10000000	40	23625
35	MALE	10000001	40	34128
40	MALE	10000002	40	48506
45	MALE	10000003	35	61857
50	MALE	10000004	30	79632
55	MALE	10000005	25	114632

AGE	SEX	LEVEL SUM ASSURED	TERM	YEARLY PREMIUM
30	FEMALE	10000000	40	20025
35	FEMALE	10000001	40	28124
40	FEMALE	10000002	40	39184
45	FEMALE	10000003	35	49296
50	FEMALE	10000004	30	62963
55	FEMALE	10000005	25	90869

A Non-linked, Non-Participating, Individual, Pure Risk Premium Life Insurance Plan



*Because your love for your
loved ones, is forever...*

LIC's New Jeevan AMAR

PLAN NO. 955

UIN : 512N350V01

LIC/M1/2022-23/19/Eng

For details contact your Agent / nearest LIC Branch
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भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Har Pal Aapke Saath

LIC's New Jeevan Amar (UIN: 512N350V01)

(A Non-linked, Non-participating, Individual, Pure Risk Premium Life Insurance Plan)

LIC's New Jeevan Amar is a Non-Linked, Non-participating, Individual, Pure Risk Premium Life Insurance Plan, which provides financial protection to the insured's family in case of his/her unfortunate death during the policy term.

This Plan can be purchased Offline through Licensed agents, Corporate agents, Brokers and Insurance Marketing Firms.

Key features of LIC's New Jeevan Amar:

- Flexibility to choose from two benefit options: Level Sum Assured and Increasing Sum Assured.
- Flexibility to
 - Choose from Single Premium, Regular Premium and Limited Premium Payment
 - Choose the Policy Term/Premium Paying Term
 - Opt for payment of benefit in instalments.
- Special rates for women.
- Benefit of attractive High Sum Assured Rebate.
- Two categories of premium rates namely (1) Non-Smoker rates and (2) Smoker rates. The application of Non-Smoker rates shall be based on the findings of the Urinary Cotinine test. In all other cases, the Smoker rates will be applicable.
- Option to enhance coverage by opting for Accident Benefit Rider on payment of additional premium for the rider benefit.

1. Benefits:

Benefits payable under an in-force policy shall be as under:

A) Death Benefit:

Death benefit payable on death of the Life Assured during the policy term after the date of commencement of risk but before the date of maturity, provided the policy is inforce and claim is admissible shall be "**Sum Assured on Death**".

For Regular premium and Limited premium payment policy, "**Sum Assured on Death**" is defined as the highest of:

- 7 times of Annualised Premium; or
- 105% of "Total Premiums Paid" upto the date of death; or
- Absolute amount assured to be paid on death.

For Single premium policy, "**Sum Assured on Death**" is defined as the higher of:

- 125% of Single Premium.
- Absolute amount assured to be paid on death.

Where,

- i. "**Annualized Premium**" shall be the premium payable in a year chosen by the policyholder, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any, and
- ii. "**Total Premiums Paid**" means total of all the premiums received, excluding any extra premium, any rider premium and taxes.
- iii. **Absolute amount assured to be paid on death shall depend on Death Benefit Option chosen at the time of taking this policy and is as under:**

o Option I: Level Sum Assured

Absolute amount assured to be paid on death shall be an amount equal to Basic Sum Assured, which shall remain the same throughout the policy term.

o Option II: Increasing Sum Assured

Absolute amount assured to be paid on death shall remain equal to Basic Sum

Assured till completion of fifth policy year. Thereafter, it increases by 10% of Basic Sum Assured each year from the sixth policy year till fifteenth policy year till it becomes twice the Basic Sum Assured. This increase will continue under an inforce policy till the end of policy term; or till the Date of Death; or till the fifteenth policy year, whichever is earlier. From sixteenth policy year and onwards, the Absolute amount assured to be paid on death remains constant i.e. twice the Basic Sum Assured till the policy term ends.

For example, Absolute amount assured to be paid on death under a policy with Basic Sum Assured of Rs. X will be Rs. X till the end of fifth policy year, ₹ 1.1X during the sixth policy year, 1.2X during seventh policy year, increasing so on by 10% of Basic Sum Assured each year till it becomes 2X in fifteenth policy year. From sixteenth policy year and onwards, the Absolute amount assured to be paid on death will be 2X.

The Death Benefit Option once chosen cannot be changed later.

B) Maturity Benefit:

On survival of the life assured to the end of the policy term, no maturity benefit is payable.

2. Eligibility Conditions and Other Restrictions:

- a) Minimum Age at entry : [18] years (Last Birthday)
- b) Maximum Age at entry : [65] years (Last Birthday)
- c) Maximum age at Maturity : [80] years (Last Birthday)
- d) Minimum Basic Sum Assured : ₹ 25,00,000/-.
- e) Maximum Basic Sum Assured : No Limit* As per underwriting decision

* The maximum Basic Sum Assured allowed to each individual will be subject to underwriting decision as per the Board Approved Underwriting Policy.

The Basic Sum Assured shall be in multiples of:

₹ 1,00,000/-, if Basic Sum Assured for the policy is ₹ 25,00,000/- to ₹ 40,00,000/-
₹ 10,00,000/-, if Basic Sum Assured for the policy is above ₹ 40,00,000/-.

- f) Policy Term : [10 to 40] years
- g) Premium Paying Term
 - Regular Premium : Same as policy term
 - Limited Premium : [Policy Term minus 5] years for Policy Term [10 to 40] years
: [Policy Term minus 10] years for Policy Term [15 to 40] years
 - Single Premium : NA

3. Options Available :

I. Optional Riders:

The policyholder has an option of availing LIC's Accident Benefit Rider (UIN:512B203V03) under Regular Premium and Limited Premium payment mode by payment of additional premium during the Premium Paying Term, provided the outstanding premium paying term is atleast five years. The benefit cover under this Rider shall be available during the Premium Paying Term only or up to the policy anniversary on which age nearest birthday of the Life Assured is 70 years, whichever is earlier. If this rider is opted for, in case of accidental death, the Accident Benefit Rider Sum Assured will be payable as lumpsum along with the death benefit under the base plan.

The premium under this Rider shall not exceed 100% of the premium under the Base plan. The Accidental Benefit Sum Assured shall not exceed the Basic Sum Assured under the policy.

For more details on this rider, refer to the Rider brochure or contact LIC's nearest Branch Office.

II. Option to take Death Benefit in instalments:

This is an option to receive Death Benefits in instalments over a period of 5 years instead of lump sum amount under an inforce policy. This option can be exercised by Life Assured during his/her lifetime; for full or part of Death benefits payable under the policy. The amount opted for by the Life Assured (i.e. Net Claim Amount) can be either in absolute value or as a percentage of the total claim proceeds payable.

The instalments shall be paid in advance at yearly or half-yearly or quarterly or monthly intervals, as opted for, subject to minimum instalment amount for different modes of payments being as under:

Mode of Instalment payment	Minimum Instalment amount
Monthly	₹ 5,000/-
Quarterly	₹ 15,000/-
Half-Yearly	₹ 25,000/-
Yearly	₹ 50,000/-

If the Net Claim Amount is less than the required amount to provide the minimum instalment amount as per the option exercised by the Life assured, the claim proceed shall be paid in lump sum only.

For all the instalment payment options commencing during the 12 months' period from 1st May to 30th April, the interest rate used to arrive at the amount of each instalment shall be annual effective rate not lower than the 5 year semi-annual G-Sec rate minus 2 %; where, the 5 year semi-annual G-Sec rate shall be as at last trading day of previous financial year.

Accordingly, for the 12 months period commencing from 1st May, 2022 to 30th April, 2023, the applicable interest rate for the calculation of the instalment amount shall be 4.84% p.a. effective.

For exercising option to take Death Benefit in instalments, the Life Assured can exercise this option during his/her lifetime while in currency of the policy, specifying the Net Claim Amount for which the option is to be exercised. The death claim amount shall then be paid to the nominee as per the option exercised by the Life Assured and no alteration whatsoever shall be allowed to be made by the nominee.

4. Payment of Premiums:

Regular Premium, Limited Premium or Single Premium payment options are available under this plan. In case of Regular and Limited Premium payment, the premium can be paid regularly during the Premium Paying Term with modes of premium payment Yearly or Half Yearly.

The premium payable will depend on the age at entry of the life to be assured, smoking status, gender, policy term, Premium Paying Term and Sum Assured Option chosen. Under Single Premium, minimum premium shall be ₹ 30,000/. Under Regular and Limited Premium mode, the minimum premium shall be ₹ 3,000/-.

5. Grace period (applicable for regular and limited premium payment):

A grace period of 30 days shall be allowed for payment of yearly or half-yearly premiums from the date of First Unpaid Premium. During this period, the policy shall be considered inforce with the risk cover without any interruption as per the terms of the policy. If the premium is not paid before the expiry of the days of grace, the Policy lapses.

The above grace period will also apply to Rider premiums which are payable along with premium for Base Policy.

All the benefits shall cease after the expiry of grace period from the date of First Unpaid Premium under such policies and nothing shall be payable.

6. SAMPLE ILLUSTRATIVE PREMIUM:

The sample illustrative premiums for both Option I (Level Sum Assured) and Option II (Increasing Sum Assured) for Basic Sum Assured of ₹ 50 Lakh for Non-Smoker, Male, Standard lives under different Premium Payment options are as under:

Option I (Level Sum Assured):

Age (Last Birthday)	Policy Term	Regular Annual Premium (in ₹)	Annual Premium for Limited Premium Paying Term of (Policy Term minus 5) Years (in ₹)	Annual Premium for Limited Premium Paying Term of (Policy Term minus 10) Years (in ₹)	Single Premium (in ₹)
20	20	5,959	6,873	8,830	57,768
30	20	7,830	9,091	11,788	78,213
40	20	15,441	18,067	23,629	1,60,200

The above premiums are exclusive of taxes.

Option II (Increasing Sum Assured):

Age (Last Birthday)	Policy Term	Regular Annual Premium (in ₹)	Annual Premium for Limited Premium Paying Term of (Policy Term minus 5) Years (in ₹)	Annual Premium for Limited Premium Paying Term of (Policy Term minus 10) Years (in ₹)	Single Premium (in ₹)
20	20	7,832	9,078	11,748	77,786
30	20	11,125	12,994	16,954	1,14,187
40	20	23,933	28,119	36,946	2,52,525

The above premiums are exclusive of taxes.

7. REBATES/LOADINGS:

The following rebates/loadings shall be applicable:

(i) High Sum Assured Rebate (Applicable for Regular, Limited & Single Premium payment):

The High Sum Assured rebates are as under:

a) Under Option I: Level Sum Assured

Age Band (Last Birthday)	High SA rebate as a % of Tabular Annual/Single Premium		
	Less than ₹ 50 Lakh	₹ 50 Lakh to less than ₹ 1 Crore	₹ 1 Crore and above
Up to 30 years	Nil	13%	25%
31 to 50 years	Nil	11%	21%
51 years and above	Nil	6%	11%

b) Under Option II: Increasing Sum Assured

Age Band (LBD)	High SA rebate as a % of Tabular Annual/Single Premium		
	Less than ₹ 50 Lakh	₹ 50 Lakh to less than ₹ 1 Crore	₹ 1 Crore and above
Up to 30 years	Nil	11%	23%
31 to 50 years	Nil	9%	19%
51 years and above	Nil	5%	10%

(ii) Modal Loading (applicable for Regular and Limited Premium payment):

Mode	Loading as a % of tabular annual premium
Yearly	Nil
Half-Yearly	2%

8. REVIVAL:

If the premiums are not paid within the grace period, then the policy will lapse. A lapsed policy can be revived, within a period of 5 consecutive years from the date of First Unpaid Premium. The revival shall be effected on payment of all the arrears of premium(s) together with interest (compounding half yearly) at such rate as may be fixed by the Corporation from time to time and on satisfaction of Continued Insurability of the Life Assured on the basis of information, documents and reports that are already available and any additional information in this regard if and as may be required in accordance with the Underwriting Policy of the Corporation at the time of revival, being furnished by the Policyholder/Life Assured.

The Corporation reserves the right to accept at original terms, accept with modified terms or decline the revival of a discontinued policy. The revival of the discontinued policy shall take effect only after the same is approved, accepted and revival receipt is issued by the Corporation

The rate of interest applicable for revival under this product for every 12 months' period from 1st May to 30th April shall not exceed 10 year G-Sec rate p.a. compounding half yearly as at the last trading day of previous financial year plus 3 % or the yield earned on the Corporation's Non-Linked Non-Participating Fund plus 1% whichever is higher. For the 12 month's period commencing from 1st May, 2022 to 30th April, 2023, the applicable interest rate shall be 9.50% p.a. compounding half yearly. The basis for determination of interest rate for policy revival is subject to change.

If a lapsed policy is not revived within the revival period but before the Date of Maturity, the policy will automatically terminate. In case of Regular Premium policies, nothing shall be payable. However, in case of Limited Premium Payment policies, the amount as payable in case of surrender shall be refunded and the policy will terminate.

Revival of rider, if opted for, will be considered along with revival of the Base Policy, and not in isolation.

9. SURRENDER :

No surrender value will be available under this Plan. However on surrender of policy in the following cases (for both Level Sum Assured (Option I) as well as Increasing Sum Assured (Option II) options), an amount shall be refunded as under:

- a) Regular Premium policies:** Nothing shall be refunded.
- b) Single Premium Policies:** The applicable refund shall be payable anytime during the Policy Term.
- c) Limited Premium Payment:** The applicable refund shall only be payable if full premiums have been paid for at least:
 - i) Two consecutive years in case of premium paying term less than 10 years.
 - ii) Three consecutive years in case of premium paying term of 10 years or more.

In case of a lapsed policy, refund shall be payable only during the revival period on request by the policyholder. However, on expiry of revival period, the policy shall terminate and refund shall be paid to the policyholder.

10. POLICY LOAN:

No loan will be available under this plan.

11. TAXES:

Statutory Taxes, if any, imposed on such insurance plans by the Government of India or any other constitutional Tax Authority of India shall be as per the Tax laws and the rate of tax as applicable from time to time.

The amount of any applicable taxes, as per the prevailing rates, shall be payable by the policyholder on premium(s) (for Base Policy and Rider, if any) including extra premiums, if any) which shall be collected separately over and above in addition to the premium(s) payable by the policyholder. The amount of Tax paid shall not be considered for the calculation of benefits payable under the plan. Regarding Income tax benefits/implications on premium(s) paid and benefits payable under this plan, please consult your tax advisor for details.

12. FREE LOOK PERIOD:

If the Policyholder is not satisfied with the "Terms and Conditions" of the policy, the policy may be returned to the Corporation within 30 days from the date of receipt of the electronic or physical mode of the Policy Document, whichever is earlier, stating the reasons for objections. On receipt of the same, the Corporation shall cancel the policy and return the amount of premium deposited after deducting the proportionate risk premium (for Base Policy and Rider(s), if any) for the period of cover, expenses incurred on medical examination, special reports, if any, and for stamp duty charges.

13. SUICIDE EXCLUSION:

(i) Under Single premium policy:

If the Life Assured (whether sane or insane) commits suicide at any time within 12 months from the date of commencement of the risk, the Nominee or beneficiary of the Life Assured shall be entitled to 90% of the Single Premium paid.

(ii) Regular /Limited Premium Payment policy:

If the Life Assured (whether sane or insane) commits suicide at any time within 12 months from the date of commencement of risk, provided the policy is in force or within 12 months from the date of revival, 80% of the premiums paid till the date of death shall be payable. The Nominee or beneficiary of the Life Assured shall not be entitled to any other claim under the policy.

This clause shall not be applicable for a lapsed policy as nothing is payable under such policies.

Note: Single Premium/ Premium referred above shall not include any taxes, extra premium and rider premium, if any.

SECTION 45 OF THE INSURANCE ACT, 1938:

The provision of Section 45 of the Insurance Act, 1938 shall be as amended from time to time. The simplified version of this provision is as under:

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from
 - a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policywhichever is later.
2. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
 - a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policywhichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
 - a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - b. The active concealment of a fact by the insured having knowledge or belief of the fact;
 - c. Any other act fitted to deceive; and
 - d. Any such act or omission as the law specifically declares to be fraudulent.
4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.
7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.
9. The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of Section 45 of the Insurance Act, 1938 and only a simplified version prepared for general information. Policyholders are advised to refer to Section 45 of the Insurance Act, 1938, for complete and accurate details.]

Prohibition of Rebates (Section 41 of the Insurance Act, 1938)

- 1) 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 prospectuses or tables of the insurer.
- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Various Sections of the Insurance Act, 1938, applicable to LIC to apply as amended from time to time.

This product brochure gives only salient features of the plan. For further details please refer to the Policy document on our website www.licindia.in or contact our nearest Branch Office.

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LIC

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Registered Office:

Life Insurance Corporation of India
Central Office, Yogakshema,
Jeevan Bima Marg, Mumbai – 400021.

Website: www.licindia.in

Registration Number: 512

PARTNER NAME: INDIAN OVERSEAS BANK_SALARY ACCOUNT	
PRODUCT NAME: HEALTH PLUS	
PRODUCT BENEFIT TABLE	
POLICY TENURE	1 YEAR
ENTRY AGE	ADULT: 18 YEARS TO 60 YEARS CHILD: 91 DAYS TO 25 YEARS
PLANS	1A, 2A, 1A1C, 1A2C, 2A1C, 2A2C
RELATIONSHIP	SELF, SPOUSE, SON, DAUGHTER
BENEFIT DETAILS	
TELECONSULTATION WITH GENERAL PRACTITIONER (CASHLESS)	UNLIMITED
DISCOUNT ON PHARMACY	UP TO 30% DISCOUNT ON ORDERING MEDICINES THROUGH THE NBHI APP
DISCOUNT ON DIAGNOSTICS	UP TO 30% DISCOUNT ON ORDERING TESTS THROUGH THE NBHI APP
WAITING PERIODS	
WAITING PERIOD FOR PRE-EXISTING DISEASES (PED)	WAIVED
SPECIFIC ILLNESS WAITING PERIOD	WAIVED
INITIAL WAITING PERIOD	30 DAYS
PREMIUM	
PLANS	
1A	PREMIUM WITH TAX
2A,1A1C,1A2C	55.63
2A1C,2A2C	64.06
	69.11

PREMIUM
INR 1,999*
PER ANNUM

Incl. of all taxes.



**When it comes to your health,
trust only the expert.**



Presenting **Health Plus** Cover with comprehensive features for Indian Overseas Bank customers

BENEFITS INCLUDE



2 Lacs
sum insured



20 Lacs
Accidental cover



₹2,000/day as daily hospital cash for 20 days

Please refer Product Benefit Table for details of the benefits

For more information, please contact your nearest Indian Overseas Bank branch

Product Name: Health Plus, Product UIN: NBHHLGP22157V032122

PRODUCT STRUCTURE - HEALTH PLUS		
Policy Tenure	Non-loan linked - 1 year	
Entry Age [§]	(Adult - 18 yrs to 60 yrs)	
Plans	1A (Self only)	
Base Sum Insured	2 Lacs	
HOSPITALIZATION COVER		
Inpatient Care	Inpatient care	Up to Base Sum Insured
	Hospital accommodation- Room Rent / Day	2% of Base Sum Insured
	Hospital accommodation - ICU/day	4% of Base Sum Insured
Day Care Treatment	Listed 536 Day Care Treatments covered up to Base Sum Insured	
Pre - hospitalization Medical Expenses (including Medical Practitioner's consultation, diagnostics tests, medicines, drugs and consumables)	Up to Base Sum Insured 30 days	
Post- hospitalization Medical Expenses (including Medical Practitioner's consultation, diagnostics tests, medicines, drugs and consumables)	Up to Base Sum Insured 60 days	
Inpatient Care under Alternative Treatment	Covered upto 20% of Base Sum Insured	
Organ Transplant	Up to Base Sum Insured	
Emergency Ground Ambulance- Within India (one transfer per Hospitalization)	Network Hospital: INR 1,000 Non-network Hospital: INR 1,000 'Co-payment' & 'Deductible' if opted will not be applicable for this benefit	
Co-pay	20%	
Sub-limit on specified illness/conditions	Choice of Illness/conditions & sublimit available 'Co-payment' & 'Deductible' if opted will not be applicable for this benefit	
ACCIDENTAL COVER		
Plans	1A (Self only)	
Base Sum Insured	20 Lacs	
Accidental death	100 % of accidental cover	
HOSPITAL DAILY CASH COVER		
Plans	1A (Self only)	
Base Sum Insured	INR 2000 per day with 2 days franchise	
Coverage days	Maximum 20 days	
WAITING PERIOD		
Waiting period for Pre-Existing Diseases (PED) (Indemnity & HDC)	48 Months	
Specific illness waiting period (Indemnity & HDC)	24 Months	
Initial Waiting Period (Indemnity & HDC)	30 Days	

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Product Name: Health Plus, Product UIN: NBHHLGP22157V032122

GROUP MEDICLAIM POLICY

AROGYA PROTECT- INDIAN OVERSEAS BANK

For Office Use

Quote No.: Inward No.:
 Receipt No.: Receipt Date: D D M M Y Y Y Y

Intermediary's Details (* Mandatory Fields If Sales Channel Type Selected Is Banca)

Intermediary Name:
 Intermediary Contact: Intermediary Code:
 GSTIN/ISDN: IF APPLICABLE Sales Channel Type - KRG

Policy Details*

Plan Name:
 Policy Start date: Policy End date:
 Type of Cover: Individual Family Floater Business type: New Renewal Migration

Details of Proposer (for Primary Insured)

Name of the Proposed *: (First Name) (Middle Name) (Last Name)
 Communication Address*:

 City: Landmark:
 Village: Gram Panchayat:
 Pincode: State:
 Nationality* (Indian, Non-Indian, Non-resident Indian, Others): Occupation*:
 Date of Birth*: Email ID *:
 Marital Status*: Married Unmarried Divorced Widower Gender*: Male Female Other
 PAN No.: Form 60/61: if available
 Contact Details*: Mobile No.: Alternate Contact No.:
 Bank Account Number*:

Coverage Details*

Sr No.	Table of Benefits	
1	Inpatient Care (No room rent capping)	Covered Up to Sum Insured
2	OPD (OPD SI will be over and above base SI)	₹ 3000 per family
3	Pre-Hospitalization Medical expenses	60 Days
4	Post Hospitalization Medical expenses	90 Days
5	Emergency Ground Ambulance	1500/- per hospitalization
6	Inpatient care under Alternative treatment	Covered Up to Sum Insured
7	Domiciliary hospitalization	Covered Up to Sum Insured
8	Day Care Treatment	Covered Up to Sum Insured
9	Modern Treatment	Covered Up to 50% Sum Insured
10	Organ Donor Expenses	Covered Up to 10% Sum Insured
11	Bariatric Surgery	Covered Up to 20% Sum Insured

Fields marked with Asterisk () are mandatory.

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license. | Website: www.sbigeneral.in, Tollfree: 18001021111 | Group Mediclaim Policy I UIN: SBIHLGP24031V012324 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Call (Toll Free) | 1800 22 1111 | 1800 102 1111 | www.sbigeneral.in

Insured Person Details*

(Family includes Primary Insured (self), spouse, and two dependent children)

Insured Details	Insured 1 (Primary Insured)	Insured 2 (Spouse)	Insured 3 (child 1)	Insured 4 (Child 2)
Name				
Date of Birth				
Sum Insured (in INR)				
Relationship with primary insured				
Gender				
Nationality (Indian/ Non-Indian/ NRI/ Other)				
Occupation				
Height (in cm)				
Weight (in Kg)				
ABHA (Ayushman Bharat Health Account) number (if available)*				
Is any insured suffering from any Pre-existing diseases/Disability? (If Yes, please provide details)				

Nominee Details*

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4
Name of the Nominee*^				
% share of Claim Amount				
Date of Birth*				
Gender (M/F/O)				
Relationship with Policyholder*				
Mobile No. of the Nominee*				
Address of the Nominee				
Nominee Email ID				
Account Number				
IFSC Code				
Bank Name				
Branch Name				

*If Nominee is a minor, give the details of Appointee.

Appointee Details

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4
Name of Appointee*				
Date of Birth*				
Gender (M/F/O)				
Relationship with Nominee*				

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Insured Name	Insured 1	Insured 2	Insured 3	Insured 4
Address of Appointee				
Appointee Mobile no*				
Account Number				
IFSC Code				
Bank Name				
Branch Name				

In the event of death of the proposer, any payment due under the policy shall become payable to the nominee in accordance with the policy terms and conditions. Nominee for self, must be an immediate relative of proposer. (Please attach a separate sheet if required).

*I/We hereby provide consent to share my/our medical records with the insurer or TPA

In the event of death of the proposer, any payment due under the policy shall become payable to the nominee in accordance with the policy terms and conditions. The nominee for self, must be an immediate relative of Primary Insured. For all other members, the nominee shall be the Primary Insured only.

*If ABHA number is not available, it can be created at www.healthid.ndhm.gov.in

*Are you or any of the proposed applicant _____, please tick whichever is applicable: Yes No

HNI Jeweller NGO Film Actor/ Producer PEP

If yes, please provide details for all person(s) in a separate sheet.

Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officials senior executives of state-owned corporations and important political party officials.

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

Previous/Concurrent / Existing Insurance Details*

Does any person to be insured holds any Health Insurance Policies? Yes No If Yes, then provide below details.

Previous Insurance Details	Insured 1	Insured 2	Insured 3	Insured 4
Policy Number				
Insurer Name				
Period of Insurance				
Sum Insured (in ₹)				
Claim Details (if any)				
Cumulative Bonus (if any, in ₹)				

*Are you applying for Migration: Yes No (If "Yes", please fill the separate portability form also)

Premium Payment and Bank Account Details*

Premium Amount ₹: Cheque No.:

Instrument Type: Cheque Credit Card Debit Card EFT Other Please Specify _____

SBIGI does not accept Cash for Premium Payments against the Policy.

Bank Name: IFSC Code:

Bank Account Number: Branch Name:

Cheque will be issued in the name of the Proposer only.

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to Credit Card account directly or refund will be paid through cheque. Please provide the following bank details and a copy of Cancelled Cheque if you opt for direct credit of refund/ claim into your bank account: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly).

Cheque No.:

Cheque Date: D D M M Y Y Y

Note: The proposer agrees and undertakes to intimate in writing to SBI General Insurance for any change in bank account details.

If ECS is selected, please submit the standing instruction form available at our branches.

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4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /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 of the insured/ proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority."
6. I/We acknowledge that by opting for digital services (including WhatsApp), I/We provide consent to receive communication/services from SBI General insurance Company Limited related to my Insurance Policy through my registered mobile number and email.
7. I further declare that the contents of the Policy have been fully explained to me and I shall abide with the Policy terms and conditions.
8. I declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder.

Date:

Signature of Insured: _____

Electronic Insurance Account Details

I hereby agree for receipt of my policy in E-Format (electronic)

I would like Group Mediclaim Policy and related information in Physical Format.

Yes No

I have eIA Number: _____

I would like to apply for eIA with:

(a) NSDL Data Management Ltd.

(b) CDSL Insurance Repository Ltd.

(c) Karvy Insurance Repository Ltd.

(d) CAMS Repository Services Ltd.

My CKYC No. (Central Know Your Customer registry number) is (if available):

I, _____, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: _____

Date:

Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).

Proposer Declaration*

The contents of the proposal form and connected documents have been fully explained to me and I have fully understood the significance of the proposed contract.

Date:

Place:

Signature of the Proposer

Vernacular Declaration

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness) _____ (Relation with the Proposer/ Primary insured) _____

adult and inhabitant of (city) and residing at _____ do hereby certify that I have

read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Signature of the Witness Insured

Signature/Thumb impression of the Proposer/Primary

Date:

Place:

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Sharing of Information: The information sought from the insured is for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information / details are sought by any governmental bodies, regulatory authorities reinsurer or when the Company is directed to share such information in accordance with any law / regulations or direction from any such government bodies / regulatory authorities, the Company will be bound to abide to such directions.

Fraud Warning: This policy shall be voidable at the option of the Company in the event of misrepresentation, mis-description, or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

SECTION 41 OF INSURANCE ACT, 1938

1. 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 or risk relating to lives or property in India, any rebate of 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 prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with a fine, which may extend to Rupees Ten Lakhs.

Insurance is subject matter of solicitation.

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NEW PLAN



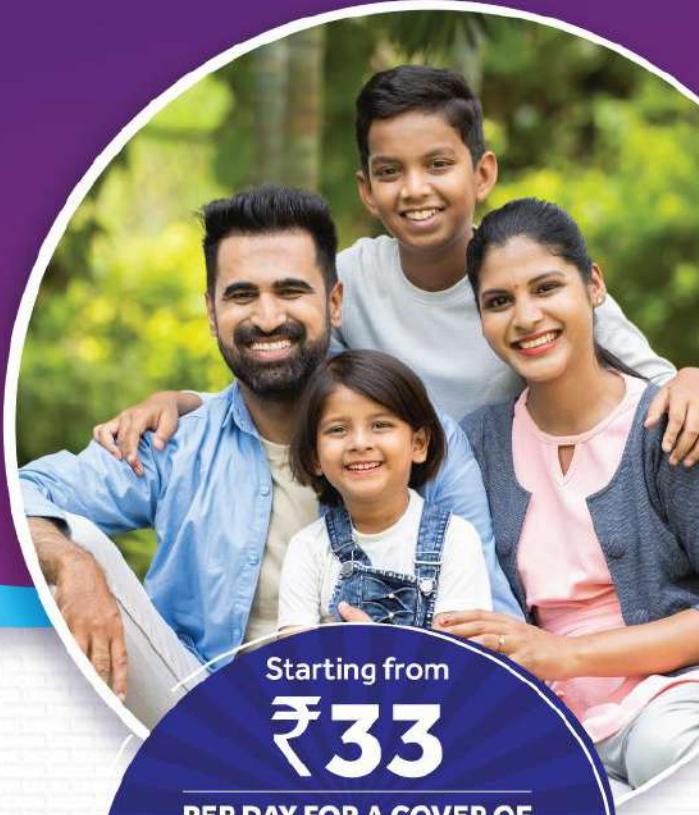
SECURE YOUR FAMILY'S HEALTH, WITH A FLAT PREMIUM*!

Introducing SBI General's Arogya Protect

A Group Mediclaim Policy

We're excited to launch **Arogya Protect**, our Group Mediclaim Policy with a flat premium* for your family's health!

Focus on well-being while we handle the coverage.



Starting from

₹33

PER DAY FOR A COVER OF

₹5 LAKH

Premium for 2 Adult + 2 Children
(Age Band: 91 Days - 45 Years)

Key Benefits:



Flat Premium*
for Family

Sum Insured
Options:
5, 10, 15 & 20 Lakhs

Inpatient
Hospitalization

OPD
Expenses

AYUSH
Treatment

Contact your relationship manager for more details

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Group Mediclaim Policy

PROSPECTUS

This document is only a summary of the features of the Policy. Actual benefits available are as mentioned in the Policy, and are subject to its terms, conditions and exclusions.

Arogya Protect Policy (Carved out from Group Mediclaim)

An affordable health insurance plan which covers medical expenses in case of medical expenses, secure coverage for your entire family at a flat Premium.

Who can take this insurance?

Any Individual can take this Policy for himself and/or his family. Floater option is also available for self, spouse and maximum two children.

Scope of cover

Cover Details	Sub Covers	Brief Details
1. Inpatient Care:		Admission in hospital beyond 24 hours
	Room Rent	Expenses incurred on Room Rent will be covered up to the Limits specified in the Policy Document.
	ICU:	Expenses incurred on ICU will be covered up to the Limits specified in the Policy Document.
2. Organ Donor Expenses:		Medical Expenses incurred up to the limit of 10% of Base Sum Insured towards Organ Donor Expenses.
3. Day Care treatment:		Medical Expenses incurred for Day Care Treatment/ Procedure will be covered up to the Limits specified in the Policy Document.
4. Pre-hospitalization Medical Expenses:		Covered prior to 60 days of hospitalization.
5. Post-hospitalization Medical Expenses:		Covered post 90 days of hospitalization.
6. Modern Treatment:		Medical Expenses incurred up to the limit of 50% of Base Sum Insured towards Modern Treatment.
7. Inpatient care under Alternative Treatment:		Medical Expenses incurred by Alternative/ AYUSH treatment methods will be covered up to the Limits specified in the Policy Document.
8. Domiciliary Hospitalization:		We will pay the Medical Expenses up to the Sum Insured as specified in the Policy Document.
9. Bariatric Surgery:		Medical Expenses incurred up to the limit of 20% of Base Sum Insured towards Bariatric Surgery.
10. OPD Cover:		Expenses for OPD consultation and treatment up to ₹3000 per family for ₹5 lakhs, ₹10 lakhs, ₹15 lakhs and ₹20 lakhs SI variants, as specified in Policy Schedule on advice of a Medical Practitioner.
11. Emergency Ground Ambulance:		Covers expenses up to the limit of ₹1500/- per hospitalization.

Exclusions

Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:

1. Investigation & Evaluation- Code- Excl04

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation and respite care- Code- Excl05

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/ Weight Control: Code- Excl06

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

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

4. Change-of-Gender treatments: Code- Excl07

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

5. Cosmetic or plastic Surgery: Code- Excl08

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

6. Hazardous or Adventure sports: Code- Excl09

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

7. Breach of law: Code- Excl10

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

8. Excluded Providers: Code- Excl11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12

10. Refractive Error: Code- Excl15

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

11. Unproven Treatments: Code- Excl16

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

12. Sterility and Infertility: Code- Excl17

Expenses related to sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

13. Maternity: Code Excl18

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

IV. Policy period

The period between the Commencement Date and either the Expiry Date specified in the Policy Document/Certificate of Insurance or the date of cancellation of this Policy, whichever is earlier.

V. Cancellation

i. Cancellation by you:

The Policyholder may cancel his/her Policy at any time during the term, by giving 7 days' notice in writing. The Insurer shall i. refund proportionate premium for unexpired Policy Period, if the term of Policy upto one year and there is no Claim (s) made during the Policy Period. ii. refund premium for the unexpired Policy Period, in respect of policies with term more than 1 year and risk coverage for such Policy years has not commenced

ii. Cancellation by Us:

The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

iii. Premium Payment in Installments:

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Single, Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- Grace Period would be given to pay the instalment premium due for the Policy. In case of monthly instalment option, a Grace Period of 15 days is applicable. Whereas, in case of Single, Half Yearly, Quarterly instalment options, a Grace Period of 30 days is applicable.
- During such Grace Period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- The Insured Person will get the accrued continuity benefit in respect of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Periods for Pre-existing Diseases, Moratorium period etc in the event of payment of premium within the stipulated Grace Period
- No interest will be charged If the instalment premium is not paid on due date

VI. Renewal

- a. The Policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.
- b. The Company shall endeavor to give notice for Renewal. however, We are not under obligation to give any notice for renewal.
- c. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding Policy Period.
- d. Request for renewal along with requisite premium shall be received by Us before the end of the Policy Period.
- e. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days (Note to insurers: insurer to specify grace period as per product design) to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- f. No loading shall apply on renewals based on individual claims experience

VII. Payment of Premium

Premium should be paid in advance and payment of premium in instalment is not allowed.

VIII. Withdrawal of product

- I. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.
- II. The Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

IX. Portability

The Insured Person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For the purpose of this product the Portability is not applicable for Maternity Benefit. For Detailed Guidelines on portability, kindly refer the link . https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

X. Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product / plan offered by the company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on Migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

XI. Claims Procedures

Generic Email ID for Handling of Claims :- sbig.health@sbigeneral.in

Generic Call for Handling of Claims :- 1800 210 3366 / 1800 210 6366

Procedures	a. Cashless Hospitalization	b. Reimbursement Claims
Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website.	
Claim Intimation timelines	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization	Within 48 hours of admission or before discharge from the Hospital, whichever is earlier
Particulars to be provided to us for Claim notification	<ol style="list-style-type: none"> 1. Policy Number 2. Name of the Insured Person(s) named in the Policy Document / Certificate of Insurance availing treatment, 3. Nature of disease/illness/injury, 4. Name and address of the attending Medical Practitioner Hospital 5. Date and time of event if applicable 6. Date of admission 	
Particulars to be provided for preauthorization	<ol style="list-style-type: none"> 1. Policy Number 2. Name of the Insured person(s) named in the Policy Document availing treatment 3. Nature of disease/Illness/Injury 4. Name and address of the attending 5. Medical Practitioner/ Hospital 6. Date of admission & probable date of discharge 7. Approximate Claim Expenses 8. Treatment Details 9. Claim Form / Pre-Authorization Request form 10. Any other relevant information as required 11. cKYC Form and KYC Documents 	Not Applicable
Process for obtaining Pre-Authorization	<ol style="list-style-type: none"> I. If the particulars are not provided in full or are insufficient for us to consider the request in Pre- defined Claim Form, We will request additional information or documentation II. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may; 	

Process for obtaining Pre-Authorization	<ul style="list-style-type: none"> Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or Reject the request for preauthorization specifying reasons for the rejection. 	Not Applicable
Procedure for Cashless Claims in case of Home Health Care	<p>On receipt of duly filled pre-authorization form with other sufficient details to assess a cashless request, the Company will inform the Home Healthcare service provider or Network Provider, who will share the care plan and treatment cost estimation with the Company. On receipt of the complete documents the Company may:</p> <ol style="list-style-type: none"> issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable, or reject the request for pre-authorization specifying reasons for the rejection. 	Not Applicable

c. Claims Submission

Insured will submit the claim documents to administrator. Following is the document list for claim submission:

- Duly filled and signed claim form
- Certified copy of Hospital discharge Summary
- Certified copy of final hospital bill, pharmacy bills, Investigation labs bills
- All original reports of Investigations done
- Self-attested Copy of PAN card & masked Aadhar card, photo id & address Proof of the nominee / beneficiary (Driving license / Passport / Election Card, etc) for address Specified in claim form
- Beneficiary bank account / NEFT details: Cancelled cheque or copy of first page of bank passbook showing account holder's name, Account number, IFSC code, Branch name etc.
- Certified copy of Death certificate issued by municipal authority (in case of death of insured)
- Any additional documents may be called as required based on the circumstances of the claim.

Appendix. 1

	Premium Rates (Inclusive of GST)			
Sum Insured	5 Lakh	10 Lakh	15 Lakh	20 Lakh
Final Rates with GST (91 days-45 years)	11,999	14,999	17,999	20,999
Final Rates with GST (45-65 years)	19,999	24,999	29,999	34,999
Final Rates with GST (>65 years)	38,999	46,999	55,999	63,999

<ul style="list-style-type: none"> Premium is inclusive of Goods and Service Tax. Flat premium rates for any family combination up to maximum of 2 Adults + 2 Children For Family floater plan premium shall be considered for member with highest age.
--

IOB HEALTH CARE PLUS POLICY (REVISION)

We, at USGI always endeavour to bring the best of Insurance products and services to our esteemed customers. In order to cater to the needs of the customers of Indian Overseas Bank, we have designed the "IOB Health Care Plus Policy (Revision)" in association with Indian Overseas Bank.

The IOB Health Care Plus Policy (Revision) is a complete health Insurance Plan that covers you, your spouse and two dependent children and dependent parents. Under this unique family floater gives you the flexibility of taking one policy that covers the entire family under a single sum insured.



KEY FEATURES

- Cashless facility available at more than 4500 hospitals across India.
- Income Tax benefit as per provision of Section 80D of Income Tax Act.
- No medical check-up upto 50 years.
- Portability benefit.
- Cashless treatment at network hospital.
- Lifelong renewability.
- Covers entire family under a single sum insured, while taking one policy.
- Offers one year or two year or three years policy coverage period.

WHAT IS COVERED

- ✓ In patient treatment.
- ✓ Organ donor.
- ✓ Maternity benefit: Covered for up to 5% of the Sum Insured with waiting period of 9 months.
- ✓ Pre-hospitalisation: For 30 days prior to hospitalization.
- ✓ Post-hospitalisation: For 60 days post discharge from hospital.
- ✓ Day care procedures: 141 Day Care Procedures.
- ✓ Cost of Health Check-up: Reimbursement of cost of medical check-up up to 1% of sum insured once at the end of a block of every three claim free Policies.

Additional benefits

- ✓ Out of Pocket expense: In case of hospitalization of children below 12 years, a lump sum amount of Rs. 1000/- is payable as Out of Pocket Expenses during the Policy Period.
- ✓ Ambulance Charges: Covered for up to Rs. 1000/- per Policy Period.
- ✓ Funeral expenses: Covered up to Rs.1000/- over and above the sum insured subject to the original illness/accident claim admitted under the policy in case of death in hospital.

ADD ONS

- ✓ Personal Accident Death cover:

The Sum Insured As Under Shall Be Applicable As Below.

Insured Person	% of Sum Insured
In case of Death of Account Holder	100% of the Sum Insured
In case of Death of Spouse	50% of the Sum Insured
In case of Death of Children above 12 years of age	20% of the Sum Insured
In case of Death of Children up to 12 years of age	10% of the Sum Insured

NB: PA cover is not available for parents

ELIGIBILITY

- The proposer must be an account holder (S.B. or C.D account with them including NRI customers) of Indian Overseas Bank.
- Proposer minimum age should be 18years.
- Enrollment age under the policy is from 1 day to 65 years.
- The maximum age under till which dependent male child can be covered is 21 years of age and dependent female child can be covered is 25 years or till she marries, whichever is earlier.
- Dependent children below 3 months can be covered with at least one parent under the Policy.

PLAN OPTIONS

- **Plan A:** An individual may cover himself/ herself and his/ her spouse, dependent children under the Policy.
- **Plan B:** An individual may cover himself/herself, his/her spouse, dependent children and dependent parents under of the policy.

SUM INSURED & POLICY TENURE

Coverages/ Sum Insured Range	Hospitalisation Cover & Add On: Personal Accident Death Cover (Accidental Death Only)
Choice of Sum Insured ranges from	Rs 50,000 to Rs. 5,00,000 in multiples of Rs. 50,000
High range sum insured available	Rs.7,50,000 , Rs. 10,00,000 , Rs. 12,50,000 & Rs.15,00,000.

The Policy term from one year to three years is available.

LONG TERM DISCOUNT

The Policy can be taken for a period of two/ three years and discount as under would be provided.

Duration of policy	Premium to be charged
2 years	2 year premium in advance less 5% discount
3 years	3 year premium in advance less 10% discount

EXCLUSIONS

- Any treatment within first 30days of cover except for any accidental injury.
- Any Pre-existing diseases will not be covered for first 48months.
- Any expense on treatment related to HIV, AIDS Human T-Cell lymphotropic Viruses types III (III-LB-III) or Lymphadenopathy Associated viruses (LAV) or the Mutant derivatives or Variations Deficiency Syndrome and all related medical condition.
- Dental treatment or surgery of any kind unless requiring hospitalization.
- Cost of spectacles and contact lens or hearing aids.
- Any expense on treatment of Insured Person as outpatient in a Hospital.
- Injury or Diseases directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operation.
- Any expense under Domiciliary Hospitalization.
- War, Rebellion, Revolution, Terrorism acts, Nuclear weapon induced treatment or taking active part in Riot, Strike, malicious acts.
- Pre and post-natal expenses excluded unless incurred as inpatient in a hospital
- Voluntary medical termination of pregnancy during first 12 weeks from the date of conception

RENEWAL BENEFITS

Cost of Health Check-up: Reimbursement of cost of medical check-up, Covered up to 1% of average sum insured at the end of the block of three claim free policies.

Policy shall ordinarily be renewable till lifetime of age except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the Insured Person.

Renewal Premium must be paid on or before renewal date to maintain the continuity of the policy, 30 days grace period is extended for renewal under

FREE LOOK PERIOD

Free look period will be allowed a period of at least 15 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable.

IOB Health Care Plus
Revised Premium (Excl. GST)

Plan A

Sum Insured	50,000	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000	7,50,000	10,00,000	12,50,000	15,00,000
0-25	1,160	2,240	3,320	4,150	4,980	5,820	6,650	7,060	7,890	8,310	9,970	10,380	11,220	12,050
26-35	1,400	2,690	3,990	4,980	5,980	6,980	7,980	8,470	9,470	9,970	11,960	12,460	13,460	14,460
36-45	1,720	3,320	4,920	6,150	7,380	8,620	9,850	10,460	11,690	12,310	14,770	15,380	16,620	17,850
46-55	2,130	4,110	6,090	7,620	9,140	10,660	12,180	12,950	14,470	15,230	18,280	19,040	20,560	22,080
56-65	2,840	5,480	8,120	10,150	12,180	14,220	16,250	17,260	19,290	20,310	24,370	25,380	27,420	29,450
66-70	5,170	9,970	14,770	18,460	22,150	25,850	29,540	31,380	35,080	36,920	44,310	46,150	49,850	53,540
71-80	6,750	13,020	19,290	24,120	28,940	33,760	38,580	41,000	45,820	48,230	57,880	60,290	65,110	69,930
> 80	7,540	14,540	21,540	26,920	32,310	37,690	43,080	45,770	51,150	53,850	64,620	67,310	72,690	78,080

IOB Health Care Plus
Revised Premium (Excl. GST)

Plan B

Sum Insured	50,000	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000	7,50,000	10,00,000	12,50,000	15,00,000
0-25	1,980	3,810	5,650	7,060	8,470	9,890	11,300	12,000	13,420	14,120	16,950	17,650	19,070	20,480
26-35	2,370	4,580	6,780	8,470	10,170	11,860	13,560	14,410	16,100	16,950	20,340	21,180	22,880	24,570
36-45	2,930	5,650	8,370	10,460	12,550	14,650	16,740	17,780	19,880	20,920	25,110	26,150	28,250	30,340
46-55	3,620	6,990	10,360	12,950	15,540	18,120	20,710	22,010	24,600	25,890	31,070	32,370	34,950	37,540
56-65	4,830	9,320	13,810	17,260	20,710	24,170	27,620	29,340	32,800	34,520	41,430	43,150	46,610	50,060
66-70	8,790	16,950	25,110	31,380	37,660	43,940	50,220	53,350	59,630	62,770	75,320	78,460	84,740	91,020
71-80	11,480	22,140	32,800	41,000	49,200	57,390	65,590	69,690	77,890	81,990	98,390	1,02,490	1,10,690	1,18,890
> 80	12,820	24,720	36,620	45,770	54,920	64,080	73,230	77,810	86,960	91,540	1,09,850	1,14,420	1,23,580	1,32,730



Premium for PA Death Benefits under Plan A and Plan B

Sum Insured	50,000	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000	7,50,000	10,00,000	12,50,000	15,00,000
Premium	23	46	69	92	115	138	161	184	207	230	345	460	575	690



Presenting Super top-up* Health Plus Plan for Indian Overseas Bank customer

Product USP



Inpatient care



Modern Treatment



Organ Transplant

Product Benefit Table

Policy Tenure	1 Year
Entry Age	Adult- 18 years to 60 years; Child- Day 91 to 21 years
Plans	1A,2A,2A1C,2A2C
Relationship	Self, Spouse, Son, Daughter
Hospitalization Benefits	
Base Sum Insured	INR 15 lakhs
Annual Aggregate Deductible	INR 2 Lakhs
Inpatient Care	Up to Base Sum Insured
Hospital accommodation- Room Rent/day	Single Private Room
Hospital accommodation- ICU/day	Covered up to Sum Insured
Pre - hospitalization Medical Expenses	Up to Base Sum Insured, 30 Days
Post- hospitalization Medical Expenses	Up to Base Sum Insured, 60 Days
Domiciliary Hospitalization	Up to Base Sum Insured
Organ Transplant	Up to Base Sum Insured
Modern Treatments	Up to Base Sum Insured as per T&C
Alternative Treatments	Up to Base Sum Insured
Day Care Treatment	Listed 536 Day Care Treatments covered up to Base Sum Insured
Emergency Ground Ambulance- Within India	Up to INR 1,000 per hospitalization
Initial Waiting Period	30 Days
Waiting Period for Disease Specific Exclusions	24 months
Waiting period for Pre-Existing Diseases (PED)	24 months

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Product Name: Health Plus, Product UIN: NBHLGP22157V032122

Partner Name	Indian Overseas Bank
Product Name	Health Plus
Product Benefit Table	
Policy Tenure	1 Year
Entry Age	Adult- 18 years to 60 years; Child- Day 91 to 21 years
Plans	1A,2A,2A1C,2A2C
Relationship	Self, Spouse, Son, Daughter
Hospitalization Benefits	
Base Sum Insured	15 lakhs
Annual Aggregate Deductible	2 Lakhs
Inpatient Care	Up to Base Sum Insured
Hospital accommodation- Room Rent/day	Single Private Room
Hospital accommodation- ICU/day	Covered up to Sum Insured
Pre - hospitalization Medical Expenses	Up to Base Sum Insured, 30 Days
Post- hospitalization Medical Expenses	Up to Base Sum Insured, 60 Days
Domiciliary Hospitalization	Up to Base Sum Insured
Organ Transplant	Up to Base Sum Insured
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Day Care Treatment	Listed 536 Day Care Treatments covered up to Base Sum Insured
Emergency Ground Ambulance- Within India	Up to INR 1,000 per hospitalization
Initial Waiting Period	30 Days
Waiting Period for Disease Specific Exclusions	24 months
Waiting period for Pre-Existing Diseases (PED)	24 months

Rates are including GST

Final Premium	1A	2A	2A1C	2A2C
18 - 60	899	1499	1899	2299

Modern Treatment List	
1	Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
2	Balloon Sinuplasty
3	Deep Brain stimulation
4	Oral chemotherapy
5	Immunotherapy- Monoclonal Antibody to be given as injection
6	Intra vitreal injections
7	Robotic surgeries
8	Stereotactic radio surgeries
9	BronchicalThermoplasty
10	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
11	IONM - (Intra Operative Neuro Monitoring)
12	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.
	A limit of maximum INR 1 Lac will apply to all robotic surgeries, except the following:
a	Robotic total radical prostatectomy
b	Robotic cardiac surgeries
c	Robotic partial nephrectomy
d	Robotic surgeries for malignancies