AB AROGYADAAN

Simple 4 Step Process

1. Print this proposal form front & back sides in quadruplicate
2. Fill up the proposal form completely
3. Affix photograph of each member on the Original Proposal form
4. Handover the Proposal Form at the branch along with the premium amount.
AB AROGYADAAN GROUP MEDICLAIM INSURANCE PROPOSAL FORM FOR ANDHRA BANK ACCOUNT HOLDERS 2013-14

1) Name of the Branch & Zone Branch Code No.______________________________2) Account Number______________________________

3) Name of the Proposer (Main A/c holder only)_____________________________________________________________________

4) Postal Address________________________________________________________________________________________________

E.mail Id________________________________Mobile Number______________________________Telephone No.__________________________

5) Name and Address of Medical Practitioner / Family Doctor____________________________________________________________________________

6) Period of Insurance : From________________To__________________(It starts from the day of BA Number for the premium paid / Debited / and it will be in force for one year)

7) a) Sum Insured per family Rs. 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

    b) Plan opted : Plan I / Plan II (Parents of the proposer are covered under Plan II only)

8) Premium Rs.________________Paid by Cheque / Cash / Debited to A/c No__________________________Date__________________________

9) Member Details:-

<table>
<thead>
<tr>
<th>S. No</th>
<th>Name of the Insured Person</th>
<th>Relation</th>
<th>Existing Disease / Illness / Injury</th>
<th>Treatment received for the past 3 years</th>
<th>Age</th>
<th>Sex</th>
<th>Signature of the proposer / Member</th>
</tr>
</thead>
</table>
I hereby declare and warrant that the above statements are true and complete. I & my family members are maintaining good health subject to item no. 9. I have read the salient features of the policy overleaf and willing to accept the coverage subject to the terms, conditions and exclusions prescribed by the Insurance Company as per the Agreement between Andhra Bank and United India Insurance Company Limited. I / We understood that in case of any claim under the Policy Andhra Bank will not undertake any responsibility or will not accept any correspondence and the same have to be pursued with the Insurance Company / Specified TPA only.

I request you to renew the policy every year on due date duly debiting my account until further notice in writing to the contrary. I am aware that the Policy will be renewed basing on premium rates, terms & conditions prevailing at the time of renewal effective from the date of payment of premium.

Place:
Date :                                                                                                                                                      Signature of Proposer

For Office Use Only

Premium remitted by BA Dated for Rs.

Date Signature of the Branch Manager

Original with Photos & 1st copy along with BA Number to be sent to United India Ins. Co. Ltd., 2nd Copy to be with Branch, 3rd Copy to Account holder.
1. SCOPE OF POLICY:

1.2.1. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home up to 1% of Sum Insured per day. This also includes Nursing Care, RMO charges, IV Fluids/Blood Transfusion/Injection administration charges and the like.

1.2.2. If admitted in IC Unit, the Company will pay up to 2% of Sum Insured per day.

1.2.3. Surgeon, Anaesthetist, Medical Practitioner, Consultants, and Specialists Fees:

If the Insured Member is admitted in a Hospital room where the room rent incurred is higher than the eligible limit, as specified in the Policy, then the Insured member shall bear the rateable proportion of the expenses incurred for (a) Investigations and Diagnostic expenses, (b) Surgeon, Consultant and Anaesthetist fees / expenses, in the ratio of eligible room rent divided by room rent actually incurred. The rate of room rent actually incurred shall include Room rent, Nursing and Boarding expenses.

The proportionate would be applicable only when other charges like Surgeon, Anaesthetist, Medical Practitioner, Consultants, and Specialists Fees, Investigations & Diagnostic Expenses differ due to the insured opting for higher Room Rent Category.

1.2.4. Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker.

1.2.5. All Hospitalisation Expenses (excluding cost of organ, if any) incurred for donor in respect of Organ transplant.

1.2.6. Expenses in respect of the following specified illnesses will be restricted as detailed below:

<table>
<thead>
<tr>
<th>Hospitalisation Benefits</th>
<th>LIMITS FOR EACH HOSPITALISATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cataract</td>
<td>1. 10% of the SI subject to maximum of Rs.25,000/-</td>
</tr>
<tr>
<td>2. Hernia</td>
<td>2. 15% of the SI subject to maximum of Rs.30,000/-</td>
</tr>
<tr>
<td>3. Hysterectomy/Myomectomy</td>
<td>3. 20% of the SI subject to maximum of Rs.50,000/-</td>
</tr>
<tr>
<td>4. Following Specified major surgeries –</td>
<td></td>
</tr>
<tr>
<td>i. Cardiac Surgeries</td>
<td></td>
</tr>
<tr>
<td>ii. Cancer Surgeries</td>
<td></td>
</tr>
<tr>
<td>iii. Brain Tumour Surgeries</td>
<td></td>
</tr>
</tbody>
</table>
iv. Pacemaker implantation  
v. For sick, sinus syndrome  
vi. Hip replacement  
vii. Knee joint replacement

4. 80% of the SI subject to maximum of Rs.400,000/-

5. Pre & Post Hospitalization in respect of any illness

Actual expenses subject to a maximum of 10% of Sum Insured.

6. In respect of all Claims:

20% deductible will be applied on all admissible claims.

Company's Liability for all claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule.

2. DEFINITIONS:

1. HOSPITAL / NURSING HOME means any institution in India established for indoor care and treatment of sickness and injuries and which Either

(a) has been registered as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered and qualified Medical Practitioner. Or

(b) Should comply with minimum criteria as under:-i) It should have at least 15 inpatient beds;ii) Fully equipped operation theatre of its own, wherever surgical operations are carried out;iii) Fully qualified Nursing Staff under its employment round the clock;iv) Fully qualified Doctor(s) should be in-charge round the clock.

N.B: In class 'C' towns condition 2.1 b (i) in respect of number of beds be reduced to 10.

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

2. ‘Surgical Operation’ means manual and / or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.

2.3 Expenses on Hospitalisation for minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments, i.e., Dialysis, Chemotherapy, Radiotherapy; Eye Surgery, Dental Surgery, Lithotripsy (Kidney Stone removal), D & C, Tonsillectomy taken in the Hospital / Nursing Home and the Insured is discharged on the same day, the treatment will be considered to be taken under hospitalisation Benefit. This condition will also not apply in case of stay in hospital of less than 24 hours provided -

i. The treatment is such that it necessitates hospitalisation and the procedure involves specialised infrastructure facilities available in hospitals.

ii. Due to technological advances hospitalisation is required for less than 24 hours only.

iii. They are carried out in Day Care Centre networked by TPAs where requirement of minimum number of beds is overlooked but having (i) fully equipped Operation Theatre, (ii) fully qualified Day Care Staff (c) fully qualified Surgeons/Post-Operative attending Doctors.
Note: Procedures/treatments done in outpatient department are not payable under the policy even if converted as an in-patient in the hospital for more than 24 hours or carried out in Day Care Centres.

4. Reasonable and Necessary Expenses shall mean the cost of surgical / medical treatment that is necessary, customary and reasonable for treating the condition for which insured person was hospitalised to the extent related to such condition.

Note: When treatment such as dialysis, Chemotherapy, Radiotherapy. Etc is taken in the hospital / nursing home/Day-care centre and the insured is discharged on the same day the treatment will be considered to be taken under hospitalisation benefit section.

3. ANY ONE ILLNESS: -

Any one illness will be deemed to mean continuous period of illness and it includes relapse within 105 days from the date of discharge from the Hospital / Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 105 days as stated above will be considered as fresh illness for the purpose of this policy.

3.1 PRE – HOSPITALISATION:-

Relevant medical expenses incurred during period up to 30 days prior to Hospitalisation on disease / illness / injury sustained will be considered as part of claim as mentioned under item 1.2 above

3.2 POST HOSPITALISATION: -

Relevant medical expenses incurred during period up to 60 days after hospitalisation on disease / illness / injury sustained will be considered as part of claim as mentioned under item 1.2 above

3.3 MEDICAL PRACTITIONER means a person who holds a degree / diploma of a recognised institution and is registered by Medical Council of respective State of India. The term Medical Practitioner would include Physician, Specialist and Surgeon.

3.4 QUALIFIED NURSE means a person who holds a certificate of a recognised Nursing Council and who is employed on recommendation of the attending Medical Practitioner.

3.5 TPA means a Third Party Administrator who holds a valid License from Insurance Regulatory and Development Authority to act as a THIRD PARTY ADMINISTRATOR and is empanelled by the Company for the provision of health services as specified in the agreement between the Company and TPA.

4. EXCLUSIONS:-

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

4.1 All diseases / injuries which are pre- existing when the cover incepts for the first time. For the purpose of applying this condition, the date of inception of the initial Mediclaim Policy taken from any of the Indian Insurance Companies shall be taken, provided the renewals have been continuous and without any break. However, this exclusion will be deleted after 3 consecutive continuous claim free policy years, provided, there was no hospitalisation of the pre-existing ailment during these 3 years of Insurance.

4.2 Any disease other than those stated in clause 4.3, contracted by the Insured person during the first 30 days from the commencement date of the policy. This condition 4.2 shall not however, apply in case of the Insured person having been covered under this scheme or Group Insurance Scheme with the Company for a continuous period of preceding 12 months without any break.

4.3 During the first year of the operation of the policy, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy/Myomectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital internal disease, Fistula in anus, piles, Sinusitis and related disorders, Gall Bladder Stone removal, Gout & Rheumatism, Calculus Diseases, Age-related Osteoarthritis & Osteoporosis are not payable.
4. Injury / disease directly or indirectly caused by or arising from or attributable to invasion, Act of Foreign enemy, War like operations (whether war be declared or not)

4.5 a. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
   b. Vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description
   c. Plastic surgery other than as may be necessitated due to an accident or as a part of any illness.

4.6 Cost of spectacles, contact lenses and hearing aids.

4.7 Dental treatment or surgery of any kind including hospitalisation.

4.8 Convalescence, general debility; run-down condition or rest cure, congenital external disease or defects or anomalies, Sterility, Venereal disease, intentional self injury and use of intoxication drugs / alcohol

4.9 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymph tropic Virus Type III (HTLB - III) or lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.

4.10 Charges incurred at Hospital or Nursing Home primarily for diagnosis, X-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home.

4.11 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician

1. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.

4.12 Treatment arising from or traceable to pregnancy (including voluntary Termination of pregnancy) and childbirth (including caesarean section).

4.13 Naturopathy Treatment, Ayurvedic treatment, Homeopathy, acupressure, acupuncture, magnetic and such other therapies.

4.14 External and or durable Medical / Non-medical equipment of any kind used for diagnosis and/or treatment and/or monitoring and/or maintenance and/or support including CPAP, CAPD, Infusion pump, Oxygen concentrator etc., Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, etc., of any kind, Diabetic foot wear, Glucometer / Thermometer and similar related items and also any medical equipment, which are subsequently used at home.

4.15 Any kind of Service charges, Surcharges, Admission Fees/Registration Charges levied by the hospital.

4.16 All non-Medical expenses of any kind whatsoever.

4.17 Domiciliary Hospitalisation benefits are not covered under the Policy.

4.18 Total Knee Replacement (TKR) will be covered after 3 continuous renewals of the Policy applicable for fresh policies taken from 09.06.2013 onwards.

4.19 Ailments pertaining to or arising out of Obesity and Psychiatric/Psychosomatic disorders are not covered under the Policy.

5. CONDITIONS: The Proposal form, and the Policy issued shall constitute complete Contract of Insurance.
1. Every notice or communication regarding hospitalisation or claim under this policy shall be delivered in writing at the address of the TPA office as shown in the Schedule. Other matters with regard to the policy may be communicated to the Policy Issuing Office and the TPA.

2. The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the company signed by a duly authorised official of the company. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the Company.

3. Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the TPA named in the schedule immediately and in case of emergency Hospitalisation, within 24 hours from the time of Hospitalisation.

4. All supporting documents relating to the claim must be filed with TPA within 30 days from the date of discharge from the hospital. In case of post-hospitalisation, treatment (limited to 60 days), all claim documents should be submitted within 15 days after completion of such treatment.

Note: Waiver of this Condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit.

5. The Insured Person shall obtain and furnish to the TPA with all original bills, receipts and other documents upon which a claim is based and shall also give the TPA / Company such additional information and assistance as the TPA / Company may require in dealing with the claim.

6. Any medical practitioner authorised by the TPA / Company shall be allowed to examine the Insured Person in case of any alleged injury or disease requiring Hospitalisation when and so often as the same may reasonably be required on behalf of the TPA/Company.

7. The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.

5.8 If at the time when any claim arises under this Policy, there is in existence any other insurance (other than Cancer Insurance Policy in collaboration with Indian Cancer Society), whether it be effected by or on behalf of any Insured Person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the Company shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation costs or expenses. The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy.

5.9 Renewal Clause:

The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof and in any case not later than 15 days from the date of expiry of the current policy. The Company shall not be bound to give notice that such renewal premium is due, provided however that if the insured shall apply for renewal and remit the requisite premium before the expiry of this policy, renewal shall not normally be refused, unless the Company has reasonable justification to do so.

A policy that is sought to be renewed after the grace period of 15 days will be underwritten as a Fresh Policy only and the Policy conditions attributable to Fresh Policies would be applicable. 15 days grace period is to extend the renewal benefits of the policy as applicable only. Policy coverage will not be there during the lapsed period of the policy, hence claims arising during the lapsed period will not be considered.

5.10 Cancellation Clause:

The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending seven days notice in writing by post to the insured at his last known address in
which case the Company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy. The insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company’s short period rate table given below provided no claim has occurred up to the date of cancellation:

PERIOD ON RISK RATE OF PREMIUM TO BE CHARGED.

Up to one month 1/4th of the annual rate
Up to three months 1/2 of the annual rate
Up to six months 3/4th of the annual rate
Exceeding six months Full annual rate.

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

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

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

11. If the TPA, as per terms and conditions of the policy or the Company shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date or receipt of the notice of such disclaimer notify the TPA/ Company in writing that he does not accept such disclaimer and intends to recover his claim from the TPA/Company then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

12. Age Limit:

Age limit for the first time coverage is 5 years to 60 years and for renewal age limit applicable is 80 years. Children between the age group of 3 months to 5 years can be covered provided one or both parents are covered concurrently.

6. PAYMENT OF CLAIM

All claims under this policy shall be payable in Indian currency. All medical/surgical treatments for the purpose of this insurance will have to be taken in India only. Payment of claim shall be made through TPA to the Hospital/Nursing Home or the Insured Person as the case may be.

7. COST OF HEALTH CHECK UP

The persons insured shall be entitled for a Medical check-up at the end of block of every three underwriting years provided there are no claims reported during the block. This may be availed by any insured person/s who has/have been continuously insured for three claim free years with the Company. Such expenses during the policy period will be reimbursed up to a maximum of 1% of the average sum insured of the preceding three years and will be carried out by the Company authorised TPAs.

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In case of a claim immediate intimation should be given to:

M/s Good Health Plan Ltd.

Plot no. 49, Nagarjuna Hills,

Panjagutta, Hyderabad. 500082. Email: arogyadaan@ghpltpa.com

Toll free numbers: 1800-102-9919, 1800-103-9919; Telephone: 44765000

Contact persons: Mr. Chalapathi.. 8978380888 / Mr. Naidu.. 8978380889/ 8978380884

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