



The Oriental Insurance Company Limited

GROUP MEDICLAIM TAILORMADE POLICY SCHEDULE

UIN : OICHLGP449V022021

Policy No. : 441200/48/2025/133	Prev. Policy No. : 441200/48/2024/113
Cover Note No. : 44000051451	Cover Note Date : 01/04/2024
Insured's Code : AE0000002531	Issue Office Code : 441200
Insured's Name : KERALA WATER AUTHORITY(PENSIONERS) (GSTIN: 32AAALK1670LAZW)	Issue Office Name : BO SPENCER JN. TRIVANDRUM (GSTIN: 32AAACT0627R3Z6)
Address : JALA BHAVAN THIRUVANANTHAPURAM KERALA TRIVANDRUM KERALA 695033	Address : IInd FLOOR, YWCA Building Opp.AG' S Office Spencer Jn. TRIVANDRUM KERALA 695001
Tel. /Fax /Email : 04712328654 / / 8547638030 / cegltvm@gmail.com	Tel. /Fax /Email : 0471-4050275; 0471-4010109 / 0 / 441200@orientalinsurance.co.in/miniven u@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NA0000002596

Agent/Broker :

Address :

Tel/Fax/Email : ///

Period of Insurance : FROM 00:00 ON 01/04/2024 TO MIDNIGHT OF 31/03/2025

Collection No. & Dt.: CD A/C AE0000002531 GST INVOICE NO :322376159 UIN :0

Gross Premium : 6,28,19,965 GST : 1,13,07,594 Stamp Duty: 1 Total : 7,41,27,559

Co-insurance Details : NIL

TPA Details :

TPA ID : YA0000000350

TPA Name : FAMILY HEALTH PLAN I

TPA Address : Aditya JR Towers 8-2-120 / 86/9 A& B 3 rd and 4th floor, Banjara Hills,

HYDERABAD 500034

Toll Free No : 18004254033

Telephone No : 040- 23556262

Fax No :

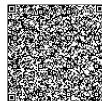
Risk Details

As per attached Annexure

Sr No : 1	Emp/Dependant Name : PENSIONERS AND THEIR DEPENDENTS	SI : 611000000	No Of Dependants : 5506
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Place : TRIVANDRUM

Date : 15/05/2024



IRDA-REGNO-556



The Oriental Insurance Company Limited

Attached to and forming part of policy number 441200/48/2025/133

(3055 Self + 2451
Dependents =
5506 Total Lives)

Particulars of the Persons covered

Sr. No.	Name	Relationship	Sex	Age	Pre-existing Ailments, If Any
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Total Sum Insured in words : Indian Rupees Sixty-One Crores Ten Lakhs Only

Total Premium in words : Indian Rupees Seven Crores Forty-One Lakhs Twenty-Seven Thousand Five Hundred Fifty-Nine Only

Installment Details

Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks
1	01/04/2024	50	3,14,09,982	56,53,798	3,70,63,780	
2	30/09/2024	50	3,14,09,983	56,53,796	3,70,63,779	

The insurance under this policy is subject to conditions, clauses, warranties, exclusions which are available on Company's website www.orientalinsurance.org.in or on demand from the policy issuing office.

The policy shall pay for hospitalization expenses for medical/surgical treatment at any Nursing Home/Hospital in INDIA as an in-patient defined in the policy

Coverage for pre-existing diseases.

Waiver of exclusion clause 4.1,4.2 and 4.3

Disease capping - Cataract Rs.35000/- per eye, Hernia/Hysterectomy/Piles Fistula/Prostate-surgery- Rs 70000/-.

Co-Payment: NIL.

Ayurvedic treatment taken in Government Ayurvedic hospitals or hospitals accredited by NABH Limited to 20% of the sum insured.

All the following procedures, will be covered in the policy within the sub-limits in the complete policy period which is as defined below:

Name of the Procedure (Sub Limits) : A. Uterine Artery Embolization and HIFU (Per policy period: Up to INR 50,000.); B. Balloon Sinuplasty (Up to INR 40,000); C. Deep Brain stimulation (Upto INR 20,000); D. Oral chemotherapy (INR 50,000); E. Immunotherapy-Monoclonal Antibody to be given as Injection (INR 20,000) ; F. Intra vitreal injections (INR 20,000) ; G. Robotic surgeries(INR 20,000); H. Stereotactic radio surgeries (INR 20,000) ; I.Bronchial Thermoplasty (INR 20,000); J. Vaporization of the prostate (Green laser treatment or holmium laser treatment)-(INR 20,000) ; K. IONM - (Intra Operative Neuro Monitoring) -(INR 20,000) ; L. Stem cell therapy: Hematopoietic stem cells (INR 20,000).

The second installment will be due on 30/09/2024.

All the other terms and conditions as per OIC Standard Group Mediclaim Policy (UIN: OICHLGP449V022021).

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac,the insured will comply with the provisions of the AML policy of the Company.The AML policy is available in all our operating offices as well as Company's website.

Family definition: Self, spouse, differently abled dependent children if any.

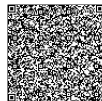
Sum insured per family: 2 lakhs.

Room rent restricted to 2% of sum insured and ICU 3% of Sum insured.

Proportionate deduction clause: Applicable.

Place : TRIVANDRUM

Date : 15/05/2024



IRDA-REGNO-556



The Oriental Insurance Company Limited

Attached to and forming part of policy number 441200/48/2025/133

Warranted that in case the person covered under the policy has lodged any claim under the previous policy and the sum insured is enhanced under the current policy, for a further claim for the same disease during the current policy, the earlier Limit of Sum Insured shall be applicable and not the enhanced sum insured

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

"We at Oriental continuously strive to ensure that you get the best possible treatment from our network hospitals. Please contact your TPA or any of the Oriental offices for our preferred hospitals in your area before going for a treatment. This will help us serve you in the best possible manner"

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at BO SPENCER JN. TRIVANDRUM (GSTIN: 32AAACT0627R3Z6) on 17-MAY-24

"In case of grievance related to any issue related to this policy the same may be addressed to the office In-Charge or the Grievance Officer at above policy address. If the grievance remains pending, it may be escalated to Grievance Officer of the concerned Regional Office 'METRO PALACE', NORTH RAILWAY STATION ROAD,,KERALA. The next escalation in case grievance remains unresolved is CSD, Head Office, situated at Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002.

If the insured is not satisfied with the resolution/reply provided by the company, he/she may approach the Office of Insurance Ombudsman, within his/her jurisdiction. The list of offices of Ombudsman is available on Company's portal."

Entered By : VISHAL SREEDHAR S

Examined By : GAGAN ARORA

Policy Printed By :853593

IP :

Digitally Signed

Policy Printed On :17-MAY-24 16:55:49

MAC :


By

Authorised Signatory

This is an electronically generated document (Policy Schedule).The Policy document duly stamped will be sent by post.

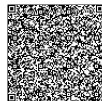
In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in and through other digital platforms including Whatsapp (Send "Hi" to  9560711200)

Place : TRIVANDRUM

Date : 15/05/2024



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