Policy No.2816/84188660/00/000

Date : 25-04-2026

KERALA WATER AUTHORITY
JALA BHAVAN KERALA WATER AUTHORITY,
VELLAYAMBALAM,
THIRUVANANTHAPURAM
695033
97******29
kwa***m.e***gma***com

Dear KERALA WATER AUTHORITY,

Thank you for choosing Universal Sompo General Insurance as your insurance partner for GROUP HEALTH INSURANCE POLICY, We're extremely delighted to have you on board. And we are going to be with you every step of the way.

Please note that your policy is issued as per the information provided by you to us in the proposal form/e-proposal form as well as the terms and conditions accepted by you. In case of any disagreement, discrepancy, or clarification that you may need, please let us know within 30 days of policy received.

We're committed to offer you best-in-class services. For any query, call us on our toll-free number 1-800-200-4030 (Other User) 1-800-22-4030 (MTNL/BSNL User), or mail us at contactus@universalsompo.com. You can also drop by at one of our branches. For more information visit our website www.universalsompo.com.

Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

GROUP HEALTH INSURANCE POLICY
MASTER POLICY SCHEDULE

Intermediary Details			
Intermediary Name & Details :	DIRECT INSTITUTIONAL ALLIANCES	Contact Number :	9899999999
Source Code : POS UID Aadhar No. : Pan :	NA NA NA	Email :	charu.chopra@universalsompo.com
Policy Issuance Office and Code :	TRIVANDRUM BRANCH OFFICE and 10077	Intermediary Salespersons Name, Contact No and Code :	NA
Policy Issuance Details			
Invoice Number :	3226PR0000292959	Invoice Issued Date :	25-04-2026
Policy Issuance Office :	TRIVANDRUM BRANCH OFFICE	Bank Branch Name :	STATE BANK OF INDIA
Bank Account Number :	570***055**	GST Number :	32AAACU8917F1ZF
Details of Policyholder			
Name of the Policyholder :	KERALA WATER AUTHORITY	Business/Occupation of the Policyholder :	NA
Communication Address :	JALA BHAVAN KERALA WATER AUTHORITY,VELLAYAMBALAM,KERALA THIRUVANANTHAPURAM THIRUVANANTHAPURAM		
Contact Person Mobile Number :	97******29	Contact Person E-Mail ID :	kwa***m.e***gma***com
Policy Details			
Master Policy Number :	2816/84188660/00/000	Period of Insurance :	From : 00:00 of 16-04-2026 To : 23:59 of 15-04-2027
Total Number of Insured Employee(s)/Member(s) :	No of Primary Insured(s) : 7560 No of Dependents : 26464	Age Groups Covered :	Mention in terms
Policy Opted: Voluntary/Compulsory :	YES	Territory Limit :	INDIA
GST Number :	32TVDK00570D1DR		

Clauses/Endorsements attached to the policy
Family Definition :- 2 (Self + Spouse), + 2 children (in some cases more than 2 children; unemployed/unmarried/children up to the age of 25, whichever is earlier) , + 2 wholly dependent parents
Age Limit :- Age limit for Employees and Spouse - 18years to 80 years and for Children - upto 25 years Parents upto 90 years
Floater/Individual :- This policy is on Family floater basis
Sum Insured Criteria :- 300000.
30 days waiting Period :- Waived off and Exclusion No. 2 of section What we exclude in Group Health Insurance Policy Wording stands deleted.
1st Year exclusions :- Waived off and Exclusion No. 3 of section What we exclude in Group Health Insurance Policy Wording stands deleted.
1st , 2nd, 3rd and 4th year exclusion wavier /Pre Existing diseases :- Pre-existing diseases are covered under the Policy and Exclusion No. 1 of Section What We Exclude in Group Health Insurance Policy Wording stands deleted.
EXCLUSIONS :- NOT COVERED
* Spectacles
* Hearing aids
* Health check-up
* Domiciliary hospitalization
Maternity Treatment Charges Benefit Extension without waiting period :- Covered up to a maximum of Rs.30,000/- for Normal delivery and Rs.35,000/- for Caesarean section delivery, for first two children only. Those who are having two or more living children will not be eligible for this benefit under the policy. Exclusion No 10 A of the Section What We Exclude in Group Health Insurance Policy Wording stands deleted.(Self and Spouse only)
Pre & Post Natal Expense :- Covered within maternity limit subject to minimum 24hrs of hospitalisation
New Born baby cover :- * Newborn baby covered from Day One up to mothers Sum Insured for 90 days only
* NUMBER OF BIRTHS COVERED
* Only 2 living children
Co-Payment :- no copay
Corporate Floater :- Corporate Floater - Covered upto a maximum of Rs. 1.5 CR with sublimit equivalent to the Family floater limit. This Corporate floater limit shall operate after exhaustion of the Per person limit/Family floater limit provided for the Insured persons under this policy.CF not applicable for capped ailment, maternity claim.
Room Rent Capping :- Room, Boarding Expenses including Nursing Expenses as provided by the Hospital/Nursing Home is subject to a limit of 2% of the Basic Sum Insured per day and for Intensive Care Unit 3% of the Basic Sum Insured per day. In case, the insured person is admitted in a room with rent higher than the eligible room rent limit, the total hospitalization claim shall be reduced in proportion of eligible room rent to the actual room rent paid.
Pre and Post hospitalization expenses :- Covered upto 30 days prior to Hospitalisation & 60 days after Hospitalisation respectively
Internal / External Congenital diseases :- Internal Congenital diseases covered under the policy, and External Congenital diseases covered only in case of Life Threatning Diseases.
Special Conditions :- * Cataract: Rs. 35,000 per eye
* ANGIOGRAM / ANGIOPLASTY / ALL CARDIAC AILMENTS ---Limits waived off

Ailment Capping :- * Lasik Surgery Covered if correction index is +/- 7.5 D.
* Dental Treatment covered in case of accident and hospitalisation required.
* 50% co-payment applicable for cyberknife treatment.
Modern Treatment :- Covered for 12 modern treatments as per IRDA guidelines restricted upto 50% SI.
A) Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
B) Balloon Sinuplasty
C) Deep Brain stimulation
D) Oral chemotherapy
E) Immunotherapy - Monoclonal Antibody to be given as injection
F) Intra vitreal injections
G) Robotic surgeries
H) Stereotactic radio surgeries
I) Bronchical Thermoplasty
J) Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
K) IONM - (Intra Operative Neuro Monitoring)
L) Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
Emergency Ambulance Charges :- Up to Rs. 2,000 per family
Terrorism Exclusion Waiver :- Yes, but excluding nuclear, chemical and biological terrorism subject to minimum 24hrs of hospitalisation
Day care treatments :- Total 547 Day Care Surgeries & Day Care Treatments are covered as per the list of USGI
Non-allopathic Treatments :- The following type of non-allopathic treatments provided the treatment is undergone in a government Hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health.
a) Type of non-allopathic treatment - Ayush Treatment
b) Covered up to 20% of SI in Govt. hospitals only. Family means the member/employee and their Eligible family members covered in this policy.
Special Conditions :- Joint replacement, cancer surgeries, angiogram, angioplasty and all cardiac ailments covered with no limits
SPECIAL CONDITIONS ¿ 2
A) Treatment of infertility payable up to maternity limit (up to C-section) in a policy period.
B) Advanced methods including hormonal therapy, adjuvant therapy,
C) immune modulators are payable.
D) All kinds of intra-vitreal injections payable up to Sum Insured.
E) Discharge medicines payable up to 15 days at the time of cashless.
Installment details :-
1st instalment from inception, due date -15 apr 26 - rs. 125994539/- with GST.
2nd instalment due on 16 Oct 26 - Rs. 125994539 with GST.
Cashless Facility :- FAMILY HEALTH PLAN (TPA) LTD
Claim Intimation/ Document Submission :- Claim documents to be submitted to TPA:
* Within 60 days from date of discharge (hospitalization)
* Post-hospitalization claims: within 7 days after completion of treatment
Process for Mid-term Inclusion / Deletion :-
* During the currency of the Policy, inclusions will be permitted for new joinees and their dependents subject to payment of additional premium prorated for the unexpired policy period. Inclusion of dependants is subject to coverage provided under the policy or endorsement forming part thereof.
* Existing employees and dependents cannot be included during the currency of the Policy period except, newly married spouse of the existing employees, new born child of the existing employees, provided the policy provides cover for spouse and children.
* A cash deposit is to be held by the client to effect inclusion of new joinees and their dependants from the date of Joining, newly married spouse from the date of marriage and new born child from date of birth.
* Mid term inclusion is subject to availability of sufficient premium in the deposit to effect the inclusion, provided the date of joining / date of marriage/date of birth, is in the preceding month to the date of declaration.
* In case , of any delayed declaration of new joinees and their dependents, newly married spouse of the existing employees, new born child of the existing employees, the inclusion shall effect from the date of receipt of declaration to insurer, subject to availability of sufficient premium in the deposit to effect the inclusion. Acceptance of delayed declaration rest with the insurer.
* In Case, premium balance in cash deposit account maintained with the company is not sufficient, then the coverage under the policy will be extended and will be effective only after replenishment of sufficient cash deposit balance.
* Deletion of Employee and Dependents is from the date of leaving , provided the date of Leaving, is in the preceding month to the date of declaration. If any delay in declaration deletion will be effected from the date of intimation received at USGI. Refund in premium for deletion is subject to nil claims.
* Inclusion of an employee does not warrant automatic inclusion of the employees dependants, unless agreed in the policy.
* Policy is based on per family.

Exclusion
4.1 Any disease other than those stated in exclusion 4.3 hereunder, contracted by an In
During the first year of operation of the insurance cover, expenses on treatment of diseases such as
Circumcision unless necessary for treatment of a disease not excluded hereinabove or as may be neces
Cost of spectacles, contact lenses and hearing aids
Dental treatment or surgery of any kind unless requiring hospitalisation
Convalescence, general debility, `run-down? condition or rest cure, congenital external disease or d

All expenses arising out of any condition, directly or indirectly, caused to or associated with huma
Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinati
Expenses on vitamins and tonics unless forming part of treatment for disease or injury as certified
Treatment arising from or traceable to pregnancy, childbirth including caesarean section. Voluntary
Naturopathy treatment
Disease or injury directly or indirectly caused by or arising from attributable to war, invasion, ac
Disease or injury directly or indirectly caused by or contributed to by nuclear weapons/materials
War and nuclear perils

Special Conditions
Premium payable under this policy shall be payable in advance.
Subject to otherwise terms and conditions of Group Health Insurance Policy of Universal Sompo General Insurance Co. Ltd

Premium Details	
Premium Payment Mode (Yearly/ Half-Yearly/ Quarterly/ Monthly)	Yearly
Net Premium (in Rs)	10,62,13,059
Discount (if any)	0
Loading (if any)	0
CGST (9%)	1,91,18,351
SGST (9%)	1,91,18,351
Gross Premium (in Rs)	12,53,314,10
Gross Premium (In Words)	Twelve Crore Fifty-Three Lakh Thirty-One Thousand Four Hundred Ten

INSTALLMENT PREMIUM SCHEDULE Wherever installment opted			
Installment Number (According to the option opted by Proposer)	Installment Due Date	Premium Instalment Amount	GST
1	16-04-2026	106213059.00	19118350.62
2	16-10-2026	106213059.00	19118350.62

Please note: GST or any other applicable tax would be payable additional by the Policyholder on the installment premium as per the prevailing rates as on the date of payment receipt of the respective installment premium.
Annexure forming part of Policy No.....Annexure 01

Name	Date Of Birth	Age	Gender	Sum Insured (₹)
NA		0	NA	2268000000.00

In witness whereof the undersigned being duty authorized by and on behalf of the company has/have here onto set his/their hands at USGIC office address.

Collection Number: 2067264406

Dated: 04/16/2026

GST Registration Number: 32AAACU8917F1ZF

IRDAI UIN Number: UNIHLGP26043V062526

SAC Code: 997134

USGI IRDAI Registration Number: 134

Territorial Scope: INDIA

Duly Constituted Attorney(S) :

Digitally signed by VARSHA MANISH GUJARATHI
Date: 2026.05.29 13:00:04 IST
Reason:
Location:

Authorized Signatory

Consolidated stamp duty Rs 1.00 paid towards Insurance policy stamp vide receipt no.ENF-1/CSD/151/2026/25012026/31032027/272 dated 22-01-2026 of General Stamp Office Mumbai.

CLAIM DISCLAIMER :
In the unfortunate event of any loss resulting into a claim on this policy, please intimate the same to us IMMEDIATELY to our Call Centre at Toll Free Numbers on 1800 22 4030/1800 200 4030 /(For Senior Citizens) 1800 267 4030 (E mail ID: seniorcitizen@universalsompo.com) , Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.

The Policy & Policy schedule set out the terms of your contract with us. Please read this carefully to ensure that the cover meets your needs.
* **Please visit our website www.universalsompo.com to know more about the policy coverage, benefits, and exclusions**.
* **Kindly write to us on contactus@universalsompo.com to get a copy of the policy wordings, if required.**

CLAIMS SERVICING :
Claim intimation can be done online on our Health Serve Web Portal/ Watsapp (86579 55616) / PULZ App or by calling at our toll free number 1800 200 4030 or by emailing us at contactus@universalsompo.com
i. Within 24 hours from the date of emergency hospitalization required.
ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.
To avail the treatment under cashless from non-network hospitals, please find the below steps. Prior Intimation is required for processing cashless from non-network hospitals :
Inform us (Toll Free Helpline - 1800 200 4030) minimum 48 hours before admission for planned hospitalization and with 24 hours of admission for emergency hospitalization across India.

Mail us at contactus@universalsompo.com

RESOLVING ISSUES :
Write to :
Customer Service Universal Sompo General Insurance Co. Ltd. Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road,Airoli,Navi Mumbai,Maharashtra –400708
Email: grievance@universalsompo.com
For More details, visit - www.universalsompo.com
Visit Branch Grievance Redressal Officer (GRO) : Walk into any of our nearest branches and request to meet the GRO.
Grievance Redressal Officer :
In case, the customer is not satisfied with the decision/resolution of the above office or have not received any response, he/she may write or email/mail to: Customer Service ,Universal Sompo General Insurance Co.Ltd.,Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai,Maharashtra – 400708 Email ID: GRO@universalsompo.com

Insurance Ombudsman :
Bima Bharosa Portal link : https://bimabharosa.irdai.gov.in/ The customer can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any. The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site : www.cioins.co.in/Ombudsman . Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in , or of the General Insurance Council at www.gicouncil.in , the Consumer Education Website of the IRDAI at www.policyholder.gov.in , or from any of Offices of the Company.

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Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

ENDORSEMENT SCHEDULE OF GROUP HEALTH INSURANCE POLICY

Intermediary Name: DIRECT INSTITUTIONAL ALLIANCES

Intermediary Code: 200872974480 Phone No.: 9746126729 E-mail: kwa.tvm.e11@gmail.com Sub Code: NA

Policy Number:	2816/84188660/00/000	Policy Issuance Office:	TRIVANDRUM BRANCH OFFICE , 1ST FLOOR, CHAKRA TOWERS, VANROSS JUNCTION,TRIVANDRUM PIN - 695001 , KERALA(32) GSTIN - 32AAACU8917F1ZF
Customer ID:	100960310499	Endorsement Issued Date	27-05-2026
Name Of the Insured:	KERALA WATER AUTHORITY	Period of Insurance:	From 00:0016-04-2026 TO 23:5915-04-2027
Proposer Address/Place of Supply:	JALA BHAVAN KERALA WATER AUTHORITY, , VELLAYAMBALAM, , THIRUVANANTHAPURAM , THIRUVANANTHAPURAM , KERALA(32) PIN - 695033 ,Tel No - ,Mobile No - 9746126729 ,GSTIN - 32TVDK00570D1DR	Endorsement No:	2816/84188660/00/001
Endorsement Type:	Enhancement of SI for a group	Effective Time and Date:	16-04-2026 23:59
Original Invoice No:	3226PR0000292959	Original Invoice Date:	25-04-2026
Credit/Debit Note Number:	3226END000027067	Credit/Debit Note Date:	27-05-2026

Notwithstanding anything to the contrary stated in the policy or in any of the endorsements thereon, it is hereby agreed and declared that the policy stands amended for the reasons given below:
Policy is being endorsed for correction of employees count, dependents count total sum insured & 1st instalment premium.
i) Total no. of lives covered under the policy should read as 34257 (Employee - 7600 and Dependents - 26657).

ii) The correct Total sum insured should be read as 2280000000/-

iii) The correct Total 1st instalment premium amount Payable should be read as Rs. 12,59,94,539/- and not as earlier stated in the policy schedule.Difference premium amount of Rs. 6,63,129/- is hereby charged to the insured.

This endorsement forms the part of the policy already issued. All other terms and conditions of the policy remain unaltered

(All amounts are in Rupees)	
Endorsement Premium:	561974.00
SGST(9%):	50577.50
CGST(9%):	50577.50
Endorsement Total Premium:	663129.00

Subject otherwise to the terms, conditions, limitations of the policy & the endorsements thereon if any

Digitally signed by VARSHA MANISH GUJARATHI
Date: 2026.05.27 18:33:00 IST
Reason:

Authorized Signatory

IRDAI UIN NO:UNIHLGP26039V052526

USGI IRDA Registration No. 134

Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

ENDORSEMENT SCHEDULE OF GROUP HEALTH INSURANCE POLICY

Intermediary Name: DIRECT INSTITUTIONAL ALLIANCES

Intermediary Code: 200872974480 Phone No.: 9746126729 E-mail: kwa.tvm.e11@gmail.com Sub Code: NA

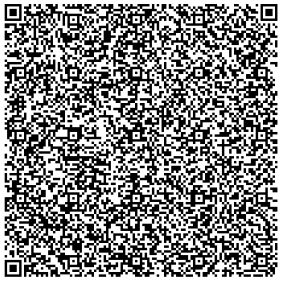
Policy Number:	2816/84188660/00/000	Policy Issuance Office:	TRIVANDRUM BRANCH OFFICE , 1ST FLOOR, CHAKRA TOWERS, VANROSS JUNCTION,TRIVANDRUM PIN - 695001 , KERALA(32) GSTIN - 32AAACU8917F1ZF
Customer ID:	100960310499	Endorsement Issued Date	18-06-2026
Name Of the Insured:	KERALA WATER AUTHORITY	Period of Insurance:	From 00:0016-04-2026 TO 23:5915-04-2027
Proposer Address/Place of Supply:	JALA BHAVAN KERALA WATER AUTHORITY, , VELLAYAMBALAM, , THIRUVANANTHAPURAM , THIRUVANANTHAPURAM , KERALA(32) PIN - 695033 ,Tel No - ,Mobile No - 9746126729 ,GSTIN - 32TVDK00570D1DR	Endorsement No:	2816/84188660/00/006
Endorsement Type:	Others	Effective Time and Date:	01-06-2026 23:59
Original Invoice No:	3226PR0000292959	Original Invoice Date:	25-04-2026
Credit/Debit Note Number:	NA	Credit/Debit Note Date:	

Notwithstanding anything to the contrary stated in the policy or in any of the endorsements thereon, it is hereby agreed and declared that the policy stands amended for the reasons given below:
Endorsement is being passed to correction in clause
1) Age Limit : Parents to be covered upto 100 years.
2) Maternity covered - Maternity covered for only 2 living children.
3) Corporate Buffer - No sub-limit for Corporate Buffer (FFSI).
4) Room Rent limit - Proportionate clause is not applicable in ICU.
5) Modern Treatment - SPECIAL CONDITIONS 2 - Treatment of infertility payable up to maternity limit (up to C-section) in a policy period. Advanced methods including hormonal therapy, adjuvant therapy, immune modulators are payable. All kinds of intra-vitreal injections payable up to Sum Insured. Discharge medicines payable up to 15 days at the time of cashless.
The above endorsement forms the part of the policy already issued and is effective from the inception of the policy. All other terms and conditions of the policy remain unaltered.

(All amounts are in Rupees)	
Endorsement Premium:	0.00
SGST(9%):	
CGST(9%):	
Endorsement Total Premium:	

Subject otherwise to the terms, conditions, limitations of the policy & the endorsements thereon if any

Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath



Authorized Signatory

IRDAI UIN NO:UNIHLGP26039V052526

USGI IRDA Registration No. 134