


LIBERTY VIDEOCON GROUP HEALTH POLICY - MASTER POLICY SCHEDULE

Policy Issuing Office: 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400013. Phone: +91 22 67001313 Fax: + 91 22 67001606.			
	Master Policy Number: 4211-500301-17-7000011-00-000 Insured Name: M/S Manappuram Finance Ltd Address: 2ND FLOOR(OLD BUILDING), MANAPURAM HOUSE, VALAPAD, VALAPAD, CHAVAKKAD, THRISSUR, KERALA - 680567 Contact No.: Client GSTIN 32AADCM5522B1Z5	Policy Servicing Office: Door No. 39/4166-A, 2nd Floor, Shema Building, M.G Road, Ravipuram, Ernakulam, Ernakulam, Kerala - 682016. Phone: +91 484-6900010 Fax: +91 22 67001606	
Master Policy Effective	From 00:01 Hrs of 12/09/2017	To midnight of	23:59 Hrs of 11/09/2018
Insured / Insured Person Relationship:		Non employee-employer relationship	
Business Type:	Renewal Business	Description:	Customers of Manappuram Finance Ltd
TPA Name / Code:	Medi Assist India TPA Pvt. Ltd./TP00000003	Email ID:	Toll Free No.:

Co-Insurance Details

Sr. No.	Insurer Name	Share	URC	Branch Address (leader)
1.	NA	NA	NA	NA

Intermediary Details

Intermediary Name	Intermediary Code	Intermediary Contact No
MANAPPURAM INSURANCE	IMD1034642	9447024669

Coverage Details

Sr. No	Category	No of Lives	Benefit(s)	Total Sum Insured	Cover-Endorsement/ With Sub-limits (if any)	Individual -Sum Insured/ Sub-limits
1	Group1	1	Hospitalization Cover	200000	Basic Hospitalisation Expenses	200000
					1st Year Exclusion - Specified diseases	0
2	Group2	2	Hospitalization Cover	200000	Basic Hospitalisation Expenses	200000
					1st Year Exclusion - Specified diseases	0
3	Group3	3	Hospitalization Cover	200000	Basic Hospitalisation Expenses	200000
					1st Year Exclusion - Specified diseases	0
4	Group4	2	Hospitalization Cover	200000	Basic Hospitalisation Expenses	200000
					1st Year Exclusion - Specified diseases	0
5	Group5	3	Hospitalization Cover	200000	Basic Hospitalisation Expenses	200000
					1st Year Exclusion - Specified diseases	0
6	Group6	4	Hospitalization Cover	200000	Basic Hospitalisation Expenses	200000
					1st Year Exclusion - Specified diseases	0
7	Group7	1	Hospitalization Cover	300000	Basic Hospitalisation Expenses	300000
					1st Year Exclusion - Specified diseases	0
8	Group8	2	Hospitalization Cover	300000	Basic Hospitalisation Expenses	300000
					1st Year Exclusion - Specified diseases	0
9	Group9	3	Hospitalization Cover	300000	Basic Hospitalisation Expenses	300000
					1st Year Exclusion - Specified diseases	0
10	Group10	2	Hospitalization Cover	300000	Basic Hospitalisation Expenses	300000
					1st Year Exclusion - Specified diseases	0

Sr. No	Category	No of Lives	Benefit(s)	Total Sum Insured	Cover-Endorsement/ With Sub-limits (if any)	Individual -Sum Insured/ Sub-limits
11	Group11	3	Hospitalization Cover	300000	Basic Hospitalisation Expenses	300000
					1st Year Exclusion - Specified diseases	0
12	Group12	4	Hospitalization Cover	300000	Basic Hospitalisation Expenses	300000
					1st Year Exclusion - Specified diseases	0
13	Group13	1	Hospitalization Cover	500000	Basic Hospitalisation Expenses	500000
					1st Year Exclusion - Specified diseases	0
14	Group14	2	Hospitalization Cover	500000	Basic Hospitalisation Expenses	500000
					1st Year Exclusion - Specified diseases	0
15	Group15	3	Hospitalization Cover	500000	Basic Hospitalisation Expenses	500000
					1st Year Exclusion - Specified diseases	0
16	Group16	2	Hospitalization Cover	500000	Basic Hospitalisation Expenses	500000
					1st Year Exclusion - Specified diseases	0
17	Group17	3	Hospitalization Cover	500000	Basic Hospitalisation Expenses	500000
					1st Year Exclusion - Specified diseases	0
18	Group18	4	Hospitalization Cover	500000	Basic Hospitalisation Expenses	500000
					1st Year Exclusion - Specified diseases	0

Per Family Premium without ST

Groupid	Group	91 days to 17 Yrs	18-35	36-45	46-50	51-55
GRP001	Group1	1388.00	1602.00	2029.00	3097.00	4140.00
GRP002	Group2	0.00	2777.00	3524.00	5340.00	7062.00
GRP003	Group3	0.00	3952.00	5020.00	7476.00	10110.00
GRP004	Group4	0.00	2990.00	3738.00	5554.00	7308.00
GRP005	Group5	0.00	4165.00	5233.00	7690.00	10350.00
GRP006	Group6	0.00	4486.00	5554.00	8437.00	11202.00
GRP007	Group7	2136.00	2350.00	2510.00	4486.00	5850.00
GRP008	Group8	0.00	3952.00	4165.00	7476.00	9744.00
GRP009	Group9	0.00	5447.00	6088.00	10680.00	14004.00
GRP010	Group10	0.00	4219.00	4432.00	7743.00	10050.00
GRP011	Group11	0.00	5714.00	6355.00	10947.00	14310.00
GRP012	Group12	0.00	6301.00	6942.00	11748.00	15222.00
GRP013	Group13	3738.00	3952.00	4165.00	7690.00	9744.00
GRP014	Group14	0.00	6515.00	6622.00	12282.00	15828.00
GRP015	Group15	0.00	8864.00	9292.00	17622.00	22530.00
GRP016	Group16	0.00	6835.00	6942.00	12602.00	16194.00
GRP017	Group17	0.00	9185.00	9719.00	17996.00	23016.00
GRP018	Group18	0.00	9612.00	10253.00	19010.00	24354.00

Schedule of Premium

Basic Premium	Rs.
Loading/Discounts	
Total Premium (Exclusive of Tax)	Rs.
Total Premium	Rs.

Special Conditions

• 1) In Patient Hospital Services - Rs. 2 lacs, 3 lacs or 5 lacs as opted by the Insured Person. 2) Day Care Procedure - Covered upto the SI opted. 3) Pre and Post Hospitalisation Expenses - 30/60 days respectively 4) Emergency Ambulance Services - 1% of SI upto Rs. 2000 per person per policy 5) Domiciliary Hospitalisation Treatment - Not Covered 6) Room rent per day restricted to 1% of Sum Insured for Normal and for ICU per day restricted to 2% of Sum Insured and all other related charges in accordance with room rent restriction whichever is lower. In the event of a person getting admitted in higher category, the related charges will be pro-rated to the eligibility limit as per the room rent restriction. All other related charges among other things include OT charges, Doctors charges & Nursing charges and the same will be payable as per room rent entitlement. 7) 30 Days waiting period is Applicable 8) Pre-existing diseases shall be covered after 2 years of continuous coverage with us and only if it's declared in the Proposal form while proposing this Insurance cover and accepted by the Company 9) 1 year exclusion - During the first year of operation of this insurance cover, expenses on treatment of the following diseases are not payable Cataract, Benign Prostatic Hypertrophy, Hydrocele, Fistula in anus, piles, Sinusitis and related disorders, Fissure, Gastric and Duodenal ulcers, gout and rheumatism internal tumors, cysts, nodules, polyps including breast lumps any kind unless malignant) Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus, polycystic ovarian diseases skin tumors. 10) 2 years exclusion - During the first two years of the operation of this insurance cover, the expenses on treatment of following diseases are not payable Calculus diseases of Gall bladder Urogenital system, Hypertension and Diabetes and related complications, Joint Replacement due to Degenerative condition, Surgery for prolapsed inter vertebral disc unless arising from Age related Osteoarthritis and Osteoporosis, Spondylosis / Spondylitis, Surgery of varicose veins and varicose ulcers. 11) For policies being renewed with us for the first time above conditions 7,8,9,10 will be revised as follows 30 Days waiting period Waived off, Pre Existing Disease/s - 12 month period applicable, 1 year exclusion Waived off, 2 year exclusion 1 year waiting period applicable. 12) For policies being renewed with us for the second time above conditions 7, 8,9,10 will be revised as follows 30 Days waiting period Waived off, Pre Existing Disease/s- Covered day one, 1 year exclusion Waived off, 2 year exclusion Waived off 13) Age limit - Fresh policies - Adults 18 yrs to 50 yrs - Children 91 days to 25 yrs Renewal policies - Adult 18 yrs to 55 yrs - Children 91 days to 25 yrs.

General Conditions

1. The Insured's authorized representative shall authenticate the updated final list of Insured Person/s at inception of Policy and all subsequent Additions & deletions during the Policy period should be duly intimated as per the periodicity agreed upon by the Company.
2. Adequate Cash Deposit (CD) Balance is required to be maintained at all times to ensure that adequate premium is available for inclusion of member/s as applicable.
3. Commencement Date of Cover It is hereby declared and agreed that the Insured Persons are covered under this Policy only till such time they are on rolls of the Insured (Policy Holder). It is further agreed that any addition/deletion of members shall be communicated to the Insurer in writing within a reasonable time from the date of joining/ leaving but not later than the last day of the succeeding month of joining / leaving the employment. br / The cover will commence from the joining date for such Insured Person/s (as requested by the Insured and agreed to by the Insurance Company) subject to adequate premium balance maintained with the insurer for such additions. In case of inadequate premium balance with the Insurer on the day of inclusion of the additional members, the balance premium available as on that date would be reckoned for such members as per the serial number of the list received from the Insured. Where no such premium balance is maintained, the cover for such additions will commence from the date of receipt of premium by the Insurer. br/ Refund on deletion of members will be effected only for such members who have not preferred any claims under the Policy. Dependents of Primary members shall be declared at the inception of the Policy. Any mid-term inclusion of dependents will not be allowed except for spouse by marriage, child by birth and for employees joining the employment during the Policy Period. br/ In case of intimation received beyond the stipulated time period, the risk commencement date for additional members would be from the date of intimation to the Insurer or as otherwise specifically agreed to by the Insurer subject to adequate premium balance.
4. In case of premium payment by cheque, in the event of dishonor of cheque for any reason whatsoever cover provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not
5. The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact
6. The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and /or liabilities to any other person, Institution, Hospital, Company or Body Corporate without specific approval in writing by a duly authorised officer of the Company . However ,if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the Insured Person(s) may represent him in respect of a Claim under the Policy
7. The Insured's authorized representative shall authenticate the updated list of the Insured Person/s to be covered as at the inception of Policy. The risk start date for each of the Certificate of Insurance provided to Individual Insured Person would be from the date of receipt of premium at our end
8. All terms, conditions and exclusions as per standard Policy wordings.
9. For any further assistance please feel free to write to us on care@libertyvideocon.com or call us on our Toll Free number 1800 266 5844 (between 8 00am to 8 00pm, 7 days of the week) our representatives will be glad to help you.

Important Note: Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material information and which has a bearing on the acceptance or rejection of the Proposal by the Insurer. In the event of any discrepancy, contact us immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

All terms, conditions and exclusions as per standard Policy wordings attached with this schedule.

Place of supply : KERALA 32
Invoice No. : 6349700001100000
Receipt No :
Date of Issue :

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Place of Issue : KOCHI
GST Identification Number : 32AABCL9950A1ZU
SAC Code : 997133 General Insurance Service
IRDA Registration Number: 150
CIN: U66000MH2010PLC209656
UIN: IRDA/NL-HLT/LVGI/P-HV.I/12/13-14

For and on behalf of Liberty Videocon General Insurance Company Limited



(Authorized Signatory)

Tax is not payable under reverse charge by the recipient.

"Stamp duty for the said policy is paid vide GRASS DEFACE no. 0004656521201617 dated 10/02/2017 as prescribed in Government Notification revenue & forest department no. Mudrank 2004/4125/CR/690/M-1, Dt 31/12/2004."

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