

LIBERTY GROUP HEALTH POLICY - 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.			
Policy Number: 4211-200101-18-7000507-00-000 Insured Name: M/S Birla Institute Of Technology & Science Address: PILANI CAMPUS, JHUNHJUNU, BUHANA, JHUJHUNU, RAJASTHAN - 333031 Contact No.: Client GSTIN 08AAATB2599R1ZZ	Policy Servicing Office: Bearing Flat No. 1016-1023,10th Floor,Devika Tower, Nehru Place, New Delhi, Delhi - 110019. Phone: +91 11-42219900 Fax: +91 22 67001606		
Intermediary Name:		ADITYA BIRLA INSURANCE BROKERS LTD	
Intermediary Code:		IMD1100413	Intermediary Contact No.: 9820019699

Period of Insurance:	From	00:01 Hrs of 15/09/2018	To Midnight	23:59 Hrs of 14/09/2019
Policy Type:	Family Floater		Policy Tenure:	1 Year(s)
Business Type:	Renewal Business		Policy Variant:	Family Floater
Insured / Insured Person Relationship:			Employee-employer relationship	
Occupation:		Insured Person/s Details:	Employee-employer relationshipEmployee	
No. of Primary Members:	5136		Total Members:	5136
No. of Dependents:	0		TPA Name/Code:	Family Health Plan (TPA) Ltd./TP00000013
E-mail ID:				

Policy-Co-Insurance Details

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

Coverage Details

Basic Benefits	Sum Insured (Rs)	Deductible / Sub-limit Applicable (if Any)
1	As per Annexure A (Applicable if more then one Category Level)	As per Annexure A (Applicable if more then one Category Level)
Total		
Endorsements	Endorsements	Deductible / Sub-limit Applicable (if Any)
1	As per Annexure A (Applicable if more then one Category Level)	As per Annexure A (Applicable if more then one Category Level)
Member data as per Annexure B forming part of policy schedule		

Schedule of Premium

Basic Premium	Rs.1393653.60
Loading/Discounts	
Total Premium (Exclusive of Tax)	Rs.1393653.60
IGST 18.00 %	Rs. 250857.65
Total Premium	Rs.1644511.00

Special Conditions

• 1. Family Definition - Self Only - Students 2. Age Band - Adult - 5 to 60 years. 3. Sum insured per individual is fixed at INR 50,000. 4. Pre-existing diseases are covered. 5. 1st year exclusion is waived off. 6. 30 days waiting period is waived off. 7. 30 days pre and 60 days post hospitalization are covered. 8. Room rent restriction Room rent per day actual or single standard AC room & all other related charges in accordance with room rent restriction or actual 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 will among other things include OT charges, Doctors charges & Nursing charges and the same will be payable as per room rent entitlement. 9. Ambulance charges is covered up to INR 1,500/- per incident. 10. Internal congenital diseases are covered. 11. Dental treatment covered only incase of accident. 12. OPD cover up to Rs 1000/- per students. 13. Corporate buffer is covered with an overall limit of INR 15 Lakh, restricted to 1 Lakh per person. 14. Corporate Buffer shall not be applicable for maternity and maternity related claims and other related claims where disease wise capping is applicable. 15. Day care treatment are covered.

General Conditions

1. For any further assistance please feel free to write to us on care@libertyinsurance.in 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.
2. All terms, conditions and exclusions as per standard Policy wordings.
3. 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
4. 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
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. 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
7. 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.
8. 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.
9. 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.

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 : RAJASTHAN 08
 Invoice No : 0718020000001004
 Receipt No : 1201670023930
 Date of Issue : 1 0 0 1 2 0 1 9
 Place of Issue : DELHI 1
 GST Identification Number : 07AABCL9950A1ZN
 SAC Code : 997133 General Insurance Service
 IRDA Registration Number: 150
 CIN: U66000MH2010PLC209656
 UIN: LVGHLGP18006V011718

For and on behalf of Liberty General Insurance Limited

(Authorized Signatory)

Tax is not payable under reverse charge by the recipient.

"Consolidated Stamp duty has been paid as per letter of Authorization no. CSD/203/2018/4407/18 dated 17/10/2018 issued by Main Stamp Office, Mumbai."

For Policy related assistance:	Please feel free to write to us on care@libertyinsurance.in OR call us on our Toll Free number 1800 266 5844 (between 8:00 am to 8:00 pm, 7 days of the week) our representatives will be glad to help you
For Claim related assistance:	Please feel free to write to us on "Email ID" OR call us on our Toll Free number .

Annexure A Benefit Chart

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	5136	Hospitalization Cover	256800000	Basic Hospitalisation Expenses	50000
					Inclusion of Pre-existing disease.	0
					Waiver of 30 days waiting period.	0
					Waiver of 1st Year exclusion	0
					Corporate Buffer Cover.	100000