

**FORM: IRDA-HEALTH INSURANCE PRODUCTS/ RIDERS OFFERED BY LIFE  
INSURERS AND NON-LIFE INSURERS**

I. THIS APPLICATION IS APPLICABLE TO ALL REGISTERED INSURERS CONDUCTING HEALTH INSURANCE BUSINESS IN INDIA, EFFECTIVE FROM DATE OF ISSUE, AND SUPERSEDES THE PREVIOUS CIRCULARS ISSUED IN THIS REGARD.

**1. Application** – This is applicable to all insurers carrying on health insurance business in India, registered in accordance with section 3 of the Insurance Act 1938, in respect of all health insurance products.

**2. Description of File and Use Procedure –**

- a. An insurer, who wishes to introduce a new product, shall **file** an application for such product with the Authority and **use** the product for sale in the market, subject to the requirements set out in para 3.
- b. An insurer, who wishes to make changes to any existing product or to withdraw an existing product, shall conform to the requirements set out in para 4 for changes and in para 5 for withdrawals.
- c. A separate application shall be made in respect of each product and each rider.

**3. Procedure to be followed for introduction of new insurance products –**

- a. An insurer, wishing to introduce a new product, shall submit an application to the Authority along with Form IRDA- HEALTH INSURANCE PRODUCT/RIDER both for individual as well as group products/riders.
- b. Within 60days of the receipt of the application referred to in sub-para (1), the Authority may seek additional information with regard to the product, and the insurer shall not commence selling the product in respect of which additional information has been sought by the Authority, until the Authority confirms in writing having noted such information. If no such information is sought by the Authority, the insurer can commence selling the product in the market, as set out in the application after the expiry of the said 60-day period.

**4. Procedure to be followed for changes in terms and conditions of existing products** – An insurer, wishing to make changes to an existing product, shall submit an application to the Authority setting out the details of the changes in the terms and conditions and giving reasons for the proposed changes, subject to procedure laid down in para 3.

**5. Procedure to be followed in case of withdrawal of existing products** – An insurer, wishing to withdraw an existing product, shall inform the Authority giving the details of the product and the reasons for withdrawal.

**6. GENERAL INSTRUCTIONS**

- a. Insurers shall only use the specified form for filing the products.

- b. If an insurer wishes to offer riders/add-ons along with a basic health insurance product, he must furnish the information in respect of the riders/add-ons separately using the Form: IRDA- HEALTH INSURANCE PRODUCTS/RIDERS as the case may be and also the financial projections along with sensitivity analysis for each rider/add-on benefit. It is also clarified that it is not necessary to file the rider details more than once, but it would be necessary to furnish the item financial projections (i.e. item no.14 of the Form), when the same rider is offered along with other products.

*Note: If an insurer offers rider A along with product X, product Y or product Z (e.g. Accident Benefit Rider), then the Form has to be furnished afresh along with each of the products under which the said rider is offered. This is because the financial projections for the rider may differ under that product. For instance, the financial projections submitted for a rider A under the product X need not be the same when the same rider A is offered along with product Y. As such the financial projections need to be furnished for the said rider along with product in the specified Forms. It may be noted that rider details need not be mentioned again but only the financial projections, when the same rider is offered along with the second or the third product.*

- c. All items in the Forms with the relevant details must be furnished. For instance, under Item 16 of the Form "Certification" the details such as Name of Appointed Actuary, Name of the product, Name of Insurer etc. must be furnished. This would avoid unnecessary delays.
- d. Forms along with the necessary enclosures such as Specimen Policy Bond, Specimen Proposal Form, Specimen Sales Literature, and the Statement of Financial Projections, etc shall be furnished, but NOT in piecemeal.
- e. Insurers shall not alter the contents of the products under the File & Use procedure later without prior approval of the Authority.
- f. While submitting the Forms, reference to enclosures shall be avoided.
- g. If an insurer wishes to modify materially an existing product which is already in use in the market, then he is required to comply with 'File & Use' procedure afresh, depending upon the nature of modification.
- h. If an insurer wishes to withdraw an existing product in the market, he may do so. But he shall inform the Authority giving reasons for withdrawal, within 7 days from the date of withdrawal.
- i. If an insurer does not launch the product within a period of 3 months, he will be required to comply with 'File & Use' procedure afresh.
- j. The Appointed Actuary shall initial on all the pages of the File and Use application form and all the correspondence on products with the Authority shall be made only by the AA.
- k. The insurer shall undertake to furnish the premium rates in their web-site so that if any member of public is interested to know the premium rate he can obtain the same by using the web-site. This applies to all products whether individual or group.
- l. The insurer shall also furnish the name of the software used in the matter of designing and filing the products (for instance the software can be AXIS,

PROPHET etc). If the insurer is using his own software he must inform so. This is for the information of the Authority only.

**II. File and Use Application form for 'health insurance products' offered by Life insurers and non-life insurers:**

S No	Item	Particulars (to be filled in by insurer)
1	Name of Life/Health/Non-Life Insurer	
1.1	Registration No.alloted by IRDA	
2	Name of Appointed Actuary [Please note that his appointment should be in force as on the date of this application]	
3	Brand Name [Give the name of the product which will be printed in Sales Literature and known in the market. This name should not be altered/modified in any form after launching in the market. This name shall appear in all returns etc. which would be submitted to IRDA.]	
3.1	Unique ID no. (allotted by IRDA, if this application is for modification of an existitng product)	
4	Date of introduction of the product (proposed in case of new products; actual date in case of existing products): [ In case of new products being launched for the first time in the market, give the proposed date (However the date cannot be within 60 days from date of this application) from which Insurer wants to market. In case of existing products, the actual date from which product was launched in the product.]	
5	Date of modifciation/withdrawal (proposed in case of existing products, but not applicable for	

	new products): [(a)This must be filled as "Not Applicable" for all the new products. (b) Proposed date of modification of the features of the product, where such product is already in use in the market. (c) In case the Insurer wishes to withdraw the existing product from the market, the date of withdrawal must be furnished under this item. ]	
<b>6</b>	<b>General Terms and Conditions [All the items should be filled in properly and carefully. No item must be left blank.]</b>	
<b>6.1</b>	<b>Whether the health product is offered to/through: [Answer YES/NO]</b>	
6.1.1	Individuals	YES / NO
6.1.2	Family Floater	YES / NO
6.1.3	Groups	YES / NO
6.1.4	Specific geographic locations in India [if YES, specify the locations.]	YES / NO
6.1.5	All geographic locations in India	YES / NO
6.1.6	Rural population	YES / NO
6.1.7	Micro Insurance	YES / NO
6.1.8	Government Schemes	YES / NO
6.1.9	Indemnity basis	YES / NO
6.1.10	Benefit basis	YES / NO
6.1.11	Indemnity and benefit based both inclusive	YES / NO
<b>6.2</b>	<b>Specify the following:</b>	
6.2.1	Target population [This section should discuss the target market for which the product is designed. Also please enclose separately the details of any market research conducted for this purpose.]	
6.2.2	Grace period allowed for renewal—specify the number of days allowed	

		for renewal of the contract-minimum grace period shall be 30 days.	
6.2.3		Grace period allowed for payment of premiums in installments—specify the number of days allowed for payment of premium when premiums are not paid on stipulated dates.	
6.2.4		Minimum Group Size (state the minimum membership of the group)	
6.2.5		Maximum Group Size (state the maximum membership of the group)	
6.2.5	<b>Basic Sum Insured (for groups, per member details to be furnished):</b>		
	6.2.5.1	Minimum offered	
	6.2.5.2	Maximum offered	
	6.2.5.3	Sum insured rebates /discounts offered, if any (please provide objective and transparent criteria to offer rebates and financial justifications by AA-no discretion allowed to the insurer in offering such rebates/discounts)	
6.2.6	<b>Policy Period:</b>		
	6.2.6.1	Minimum	

			Policy period offered	
		6.2.6.2	Maximum Policy period offered	
		6.2.6.3	Premium paying terms, if different from policy term	
	6.2.7	<b>Modes of Premium Payment Offered:</b>		
		6.2.7.1	State the modes of premium payment allowed- (Single premium /annual/ halfy-yearly, etc.)	
		6.2.7.2	Rebates/charges for different modes offered, with justifications from AA:	
	6.2.8	<b>Annualised Premium (for group give the details per member)</b>		
		6.2.8.1	Minimum:	
		6.2.8.2	Maximum:	
		6.2.8.3	Premium rebates /discounts offered, if any (please provide objective and transparent criteria to offer rebates and financial justifications by AA-no discretion allowed to the insurer in	

		offering such rebates/discounts)	
6.2.9	<b>Entry Age:</b>		
	6.2.9.1	Minimum:	
	6.2.9.2	Maximum:	
6.2.10	Maximum renewal Age, for age specific products		
6.2.11	Restrictions on travel outside India (If YES, specify the conditions]		<b>YES/NO</b>
6.2.12	Any other restrictions [If there is restriction proposed, the same should be furnished, e.g. future occupation]		<b>YES/NO</b>
6.2.13	Deductibles allowed		
6.2.14	Co-pay allowed		
6.2.15	Staff rebates or any other Rebates offered—( please provide objective and transparent criteria to offer rebates and financial justifications by AA-no discretion allowed to the insurer in offering such rebates/discounts)		
6.2.16	Any other discounts offered—( please provide objective and transparent criteria to offer rebates and financial justifications by AA-no discretion allowed to the insurer in offering such rebates/discounts)		
6.2.17	Any loadings proposed— ( please provide objective and transparent criteria to offer rebates and financial justifications by AA-no discretion allowed to the insurer in offering such rebates/discounts)		

	6.2.18	Subrogation, if any			
6.3	<b>Product details:</b>				
	6.3.1	Is the Product filed for the first time?	Yes/No		
	6.3.1.1	If no, furnish the date of first filing of the product. If yes, please go to item no 7 directly.			
	6.3.1.2	Please give the proposed modifications in tabular form			
	S.no	Existing Features / assumptions/premium rates –which are proposed to modify	Proposed modifications	Justification for such modification	Any supporting data for such modification
	6.3.2	Whether the product features/assumptions/premium rates have been modified from the date of clearance?	Yes/No		
	6.3.2.1	If Yes, Please give the information of all the modifications carried out till date in tabular form:-History of modifications carried out till date:			
		S No	Date of modification filed with the Authority	Existing Features/Assumptions/premium rates as on date of clearance of the product i.e. before the modification	Features/Assumptions/premium rates modified from the first/subsequent filing i.e. after the clearance of the modification
7	<b>Benefit Structure of the Product. [This section should describe the various contingencies under which the benefits would be payable and how these would be determined-please do not refer to any other document which is enclosed along with this]</b>				
	Event:		Benefit Amount Insured:		
7.1	On Hospitalization				



7.2	On events other than (7.1) – (please furnish the complete details seperately for each benefit offered)					
7.3	On cancellation by the insured:					
7.4	On cancellation by the insurer- only allowed on grounds of misrepresentation, fraud, non-disclosure or non-cooperation of the insured					
7.5	Specify Non-forfeiture conditions [When the contract would be not null and void]					
7.6	Specify options available under the product. (e.g. to increase or decrease benefits, plan changes, etc.) [This section should specify the various options available under the product.The charges, if any, towards the cost of the option shall also be specified. ]					
7.7	Procedure for renewal					
7.8	<b>Riders / ADD-ons</b>					
	7.8.1	Riders / Add-ons attached to the product	S.No	Rider/Add-on Name	UIN allotted by IRDA	Date of clearance
	7.8.2	Any other features that may be relevant for the product.				
	7.8.3	How the rider will benefit the insured if taken along with this product				
8	<b>Underwriting –Selection of Risks [This section should discuss how the different segments of the population will be dealt with for the purpose of underwriting (to the extent they are relevant and a brief detail of procedure adopted for assessment of various risk classes may be given.)</b>					
8.1	Specify Non-medical Limit [No medical examination asked for]					
8.2	Specify when and what classes of lives would be subject to medical examination					

8.3	Specify the minimum participation of membership for groups.																																					
8.4	Exclusions: please specify time bound exclusions have been proposed for payment of benefits																																					
8.5	Exclusions: please specify permanent exclusions have been proposed for payment of benefits																																					
<b>9</b>	<b>Other Terms:</b>																																					
9.1	Nomination																																					
9.2	Conditions for revival of the contract, in case of installment/regular premiums:																																					
<b>10</b>	<b>Distribution Channels &amp; New Business Strain.</b>																																					
10.1	<b>Distribution channels:</b>																																					
10.1.1	Specify the various distribution channels to be used for distributing the product- [reply shall be specific and can not refer to the replies like "as approved by IRDA]																																					
10.1.2	Commission scales to distribution channels— specify the rates which are to be paid-[reply shall be specific and can not refer to the replies like "as per the "Act"]																																					
10.2	Expected proportions of business to be procured by each channel shall be indicated for the next 5 years.	<table border="1"> <thead> <tr> <th>Distribution Channel</th> <th>Year 1</th> <th>Year 2</th> <th>Year 3</th> <th>Year 4</th> <th>Year 5</th> </tr> </thead> <tbody> <tr> <td>1. Individual Agents</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. Corporate Agents</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3. Brokers</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4. Others-specify</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5. Total</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Distribution Channel	Year 1	Year 2	Year 3	Year 4	Year 5	1. Individual Agents						2. Corporate Agents						3. Brokers						4. Others-specify						5. Total					
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<b>11</b>	<b>Reinsurance arrangements:</b>	
11.1	Retention limit	
11.2	Name of the reinsurer (s)	
11.3	Terms of reinsurance(type of reinsurance, commissions, etc.).	
11.4	Any recapture provisions shall be described.	
11.5	Reinsurance rates provided	
11.6	Whether a copy of the reinsurance program and a copy of the Treaty is submitted to the Authority.	Yes/NO
	11.6.1 Whether reinsurance program and a copy of the treaty enclosed (required only if these are not filed with the Authority previously)	Yes/No
<b>12</b>	<b>Pricing: The pricing assumptions and the methodology may vary depending on the nature of product. Give details of the following</b>	
12.1	Give the actuarial formulae, if any, used; if not, state how premiums are arrived at giving briefly the methodology and details):	
12.2	Source of data (internal/industry/reinsurance)	
12.3	Rate of morbidity [The tables wherever relevant shall be the prescribed one.]	
12.4	Rates of policy terminations, if any. [The rates used must be in accordance with insurer's experience, if such experience is not available, this can be from the industry/reinsurer's experience .]	
12.5	Rate of interest, if any. [The rate or rates must be consistent with the investment policy of the insurer.]	
12.6	Commission scales [Give rates of commission. These are explicit items.]	

12.7	<b>Expenses: Split into:- [Expense assumptions must be company specific. If such experience is not available, the Appointed Actuary might consider industry experience or make reasonable assumptions.]</b>		
12.7.1	First year expenses by : sum assured related, premium related, per policy related		
12.7.2	Renewal expenses, where relevant (including overhead expenses) by : sum assured related, premium related, per policy related		
12.7.3	Claim expenses		
12.7.4	Future inflationary increases, if any allowed in pricing		
12.8	Allowance for transfers to shareholder, if any: [Please see section 49 of the Insurance Act, 1938]		
12.9	Taxation. [Please see the relevant sections of the Income Tax Act, 1961]		
12.10	Any other parameter relevant to pricing of product –please specify		
12.11	Reserving assumptions (please specify all the relevant details)		
12.12	Base rate (risk premium)-furnish the rate table, if any		
12.13	Gross premium- furnish the rate table.		
12.14	Expected loss ratio (for the product) -to be furnished for each plans offered within the product separately		
12.15	Age-wise loss ratio- to be furnished for each plans offered within the product separately	<b>S.No</b>	<b>Age</b>
12.16	Sum insured-wise- loss ratio to be furnished each plans offered within the product separately	<b>S.No</b>	<b>SA</b>
12.17	Age and sum insured wise loss ratio - to be furnished for each plans offered within the product separately		
	<b>Table given below (SI band and age bands shall be increased depending on the minimum and maximum SI offered)</b>		

## Annexure - V

S.NO	SI/Age bands	25000	50000	100000	150000	200000
1	>=0<=2					
2	>=3<=15					
3	>=16<=25					
4	>=26<=30					
5	>=31<=35					
6	>=36<=40					
7	>=41<=45					
8	>=46<=50					
9	>=51<=55					
10	>=56<=60					
11	>=61<=65					
12	>=66					
12.18	Expected combined ratio (for the product) -to be furnished for each plan separately					
12.19	Age-wise combined ratio- to be furnished for each plan separately					
12.20	Sum insured-wise- combined ratio to be furnished for each plan separately					
12.21	Age and sum insured wise combined ratio - to be furnished for each plan separately		<b>Table given below (SI band and age bands shall be increased depending on the minimum and maximum SI offered)</b>			
S.NO	SI/Age bands	25000	50000	100000	150000	200000
1	>=0<=2					
2	>=3<=15					
3	>=16<=25					
4	>=26<=30					
5	>=31<=35					
6	>=36<=40					

	7	>=41<=45								
	8	>=46<=50								
	9	>=51<=55								
	10	>=56<=60								
	11	>=61<=65								
	12	>=66								
12.22	Expected cross-subsidy between age/sum insured/ plans etc									
12.23	Experience of similar products, if any									
	S.No	Exposure	Premium – Rs.	Number of claims	Incur red claim s-Rs.	Claim frequ ency	Aver age cost per claim	Burni ng cost-Rs.	Loss ratio	Comb ined ratio
	2008-09									
	2007-08									
	2006-07									
	2005-06									
	2004-05									
	<b>1. Exposure: earned life year (no of life earned during a particular financial year);</b> <b>2. Premium: premium earned during the financial year;</b> <b>3. Number of claims: claims occurred during the financial year;</b> <b>4. Incurred claims: Incurred amount as of today for claims mentioned in “3”;</b> <b>5. Claim frequency: No. of claims/ Exposure;</b> <b>6. Average cost per claim: Incurred claims / No. of claims;</b> <b>7. Burning cost: Claims frequency* Average cost per claim;</b> <b>8. Loss ratio: Incurred claims/ Premium;</b> <b>9. Combined ratio: Loss ratio + Expense ratio;</b>									
13	<b>Revision in pricing for existing products</b>									
13.1	Justification for change/ modification in premium									
13.2	Experience of the product across plans / sum insured / age bands				In addition to the experience of similar products in Item 12.23, these tables to be furnished for the product for which revision					

		in pricing is requested		
13.3	How the pricing methodology differs between sum insured options, if any			
<b>14</b>	<b>Results of Financial Projections/Sensitivity Analysis: [The profit margins should be shown for various model points for base, optimistic and pessimistic scenarios in a tabular format below. The definition of profit margin should be taken as the present value of net profits to the p.v of premiums. Please specify assumptions made in each scenario. For terms less than or equal to one year loss ratio may be used and for terms more than one year, profit margin may be used.]</b>			
14.1	Risk discount rate used in the profit margin			
14.2	Average Sum Insured Assumed			
14.3	Assumptions made under pessimistic scenario			
14.4	Assumptions made under optimistic scenario			
14.4	Age [PM: Profit Margin/Loss Ratio]	<i>PM (base scenario)</i>	<i>PM (pessimistic scenario)</i>	<i>PM (optimistic scenario)</i>
	>=0<=2			
	>=3<=15			
	>=16<=25			
	>=26<=30			
	>=31<=35			
	>=36<=40			
	>=41<=45			
	>=46<=50			
	>=51<=55			
	>=56<=60			
	>=61<=65			
	>=66			
<b>15</b>	<b>The following specimen documents shall be enclosed:</b>			
15.1	<b>Proposal Form:</b>			
15.2	<b>Sales Literature /Prospectus – the pamphlets made available to members of the public at the time of sale. This is the literature which is to be used by the various distribution channels for selling the product in the market. This shall enumerate all the salient features of the product alongwith the exclusions applicable for the basic benefits and shall be in compliance with the relevant circulars issued by the Authority at all times).</b>			
15.3	<b>Policy Document along with policy schedule</b>			

15.4	Underwriting Manual
15.5	Claims Manual
15.6	Premium Table
15.7	Certificates –Form A, Form B and Form C
15.8	Customer information sheet
15.9	Database sheet

16. Certification. The Insurer shall enclose a certificate from the Appointed Actuary, countersigned by the principal officer of the insurer, as per specimen given below: (The language of this should not be altered at all)

" I, **(name of the appointed actuary)**, the appointed actuary, hereby solemnly declare that the information furnished above is true. I also certify that, in my opinion, the premium rates, advantages, terms and conditions of the above product are workable and sound, the assumptions are reasonable and premium rates are fair."

Place  
Date:

Signature of the Appointed Actuary.

Name and Counter Signature of the principal officer along with name, and Company's seal.

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FILING OF GENERAL INSURANCE PRODUCT

Name of insurer:

Date of filing:

Class of insurance:

Name of product:

Certificate by Principal Officer Or Designated Officer

This is to confirm that:

1. The rates, terms and conditions of the above-mentioned product filed with this certificate have been determined in compliance with the IRDA Act, 1999, Insurance Act, 1938, and the Regulations and guidelines issued thereunder, including the File and Use guidelines.
2. The prospectus, sales literature, policy and endorsement documents, and the rates, terms and conditions of the product have been prepared on a technically sound basis and on terms that are fair between the insurer and the client and are set out in language that is clear and unambiguous.
3. These documents are also fully in compliance with the underwriting and rating policy approved by the Board of Directors of the insurer.
4. The statements made in the filing Form A are true and correct.
5. The requirements of the revised File and Use guidelines have been fully complied with in respect of this product.

Date:

Place:

Signature of Principal  
Officer or Designated Officer  
Name and designation

FILING OF GENERAL INSURANCE PRODUCT

Name of insurer:

Date of filing:

Class of insurance:

Name of product:

Certificate by Appointed Actuary

This is to confirm that:

1. I have carefully studied the requirements of the File and Use Guidelines in relation to the design and rating of insurance products.
2. The rates, terms and conditions of the above-mentioned product are determined on a technically sound basis and are sustainable on the basis of information and claims experience available in the records of the insurer.
3. An adequate system has been put in place for collection of data on premiums and claims based on every rating factor that will enable review of the rates and terms of cover from time to time. It is planned to review the rates, terms and conditions of cover based on emerging experience (enter periodicity of review).
4. The requirements of the revised File and Use guidelines have been fully complied with in respect of this product.

Date:  
Place:

Signature of Appointed Actuary  
Name and designation

FILING OF GENERAL INSURANCE PRODUCT

Name of insurer:

Date of filing:

Class of insurance:

Name of product:

Certificate by the Lawyer of the insurer This is to confirm

that:

1. I have carefully studied the prospectus, sales literature, policy wordings and endorsement wordings relating to the above-mentioned product in the light of the IRDA (Protection of Policyholders' Interests) Regulations 2002, and the File and Use Guidelines.
2. The above mentioned documents are written in clear unambiguous language, and properly explain the nature and scope of cover, the exceptions and limitations, the duties and obligations of the insured and the effect of non-disclosure of material facts.
3. These documents are in compliance with the Policyholders' Protection Regulations and Insurance Advertisements and Disclosure Regulations.

Date:  
Place:

Signature of Lawyer  
Name and address

**INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY**  
**DATABASE FORMAT**  
*(DETAILS FOR FILE AND USE APPROVAL OF HEALTH INSURANCE PRODUCTS)*

**A. PRODUCT INDEX**

Insurer Code:

Product Category (3-tier codes at annexure):

*(The logic of Categorization is provided at Appendix 1. Accordingly, insurers have to provide the Categorization in the order of priority and the pricing impact)*

Additional Category 1:

Additional Category 2:

Additional Category 3:

Number of Plans/ Variants within the product: .....

Nomenclature used for Plans/ Variants: .....

Product Commercial Name:

New or Revision: New (V00) / Revised Version (V01/V02/V03): .....

If Revision, give application/ approval dates of earlier version: .....

Unique ID no: .....

*(Automatically generated field after product approval by Authority)*

**B. PROCESSING HISTORY (FOR INTERNAL USE ONLY)**

IRDA Inward date:

IRDA Inward Number:

Nodal Officer processing the product:

IRDA File number:

Product Category: HEALTH

Last clarification received date (DDMMYY):

Approval communicated on (DDMMYY):

Text of any Major Policy Stand/ Observation by Chairman/Member on this product file:

.....  
.....

**C. PRODUCT DETAILS****C.a. Hospitalization : Contingencies covered:**

<b>Contingency</b>	<b>Covered (Y/N)</b>	<b>Sub-Limits in % of SI, if applicable</b>	<b>Sub limits in fixed rupee terms, if applicable</b>
Room charges			
Boarding charges for patient			
Nursing charges for patient			
ICU charges			
Medical Practitioners Fees			
Operation Theatre charges			
Surgical Consumables			
Prescribed drugs			
Diagnostic tests			
Cost of blood			
Cost of transplantation			
Hospitalization expenses of donor			
Cost of artificial limbs			
Cost of pacemakers			
Parenteral Chemotherapy			
Radiotherapy			
Haemodialysis			
Domiciliary Hospitalization			
Ambulance charges			
Maternity expenses			
Neonatal expenses			
Funeral expenses			
Pre-hospitalization expenses			
Post-hospitalization expenses			
Cost of periodic health check-up for policies without claims			
Cost of periodic health check-up for policies with claims			
Day Care procedures covered			
Dental Procedures			
Hearing Aids			
Spectacles/ contact lens			
<i>Any other contingency covered</i>			

Whether any waiver of sub-limits is available in different plans or at different terms: Y/N  
 If yes, details of sub-limits which can be waived and terms for the same:

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If any other contingency is covered, details of sub-limits which can be waived and terms for the same.

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**C.b. Waiting periods and sub limits for specified diseases:**

Type of waiting period	Period in months (Mention '0' if no waiting period)	Any sub- limits in rupee terms	Any sub- limits in % of S.I. terms
General waiting period for new covers (except accidents)			
Pre-existing diseases			
Cataract			
Hernia or Hydrocele			
Benign Prostate Hypertrophy			
Hysterectomy (non-malignant)			
Fistula in Anus, Anal Fissure, Piles			
Sinusitis			
Gall Bladder Stones			
Joint replacement			
Gastric or Duodenal ulcer			
Tonsillitis or Adenoids			
Breast lumps			
Cysts, nodules or polyps			
Intervertebral disc prolapse			
Arthritis			
Varicose veins/ varicose ulcers			
Spondylosis/ Spondylitis			
Maternity cover			
<i>Renal Failure (old product)</i>			
<i>Heart Disease (old product)</i>			
<i>Cancer (old product)</i>			
<i>Hypertension (old product)</i>			
<i>Diabetes (old product)</i>			
<i>Any other waiting period/ sub-limit.</i>			

If any other waiting period/ sub-limits are applicable, details of the same.

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**C.c. Exclusions:**

Type of exclusion	Applicable (Y/N)	Special conditions, if any
Pre-existing disease for non-indemnity or non-domestic policies		
War, invasion, war like operation		
Circumcision unless medically necessary		

Vaccination/inoculation except post-bite		
Venereal diseases and HIV/AIDS		
Pregnancy/ Maternity except ectopic pregnancy		
Voluntary termination of pregnancy		
Fertility or assisted conception		
Treatment of obesity		
Cosmetic or aesthetic procedures except for burns/ injuries etc.		
Change of life/ sex-change		
Spectacles or contact lens		
Hearing Aids		
Dental treatment except requiring hospitalization		
Convalescence/ debility		
Intentional self-injury/ suicide attempt		
Influence of intoxicating drugs or alcohol		
Expenses unlinked to active treatment in hospital		
Nuclear weapons/material		
OPD expenses except pre and post-hospitalization as covered under Scope		
Naturopathy or Yoga		
Ayurvedic Medicine		
Homeopathic Medicine		
Unani Medicine		
Unrecognized systems of medicine		
Speed contest, racing, adventure sports		
Durable or external medical equipment required post-operatively		
Personal comfort and convenience items		
Hormone replacement therapy		
Mental Illness		
<i>Any other</i>		

If any other exclusion applies, details of the same.

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#### C.d. Age Limits

Minimum Age at Entry –Adult (Years)	
Maximum Age at Entry –Adult (Years)	
Maximum Age till which renewal is available –Adult (Years)	
Minimum Age at Entry –Child (Months)	
Maximum age up to which dependent children who are unmarried and unemployed can be covered (Years)	

**C.e. Cost sharing:**

<b>Cost Sharing Details</b>	<b>Applicable (Y/N)</b>	<b>Details</b>
Does the policy have compulsory deductibles		
Does the policy have voluntary deductibles		

<b>Cost Sharing Details</b>	<b>Applicable (Y/N)</b>	<b>Percentage</b>
Does the policy require any compulsory co-pay in network hospitals		
Does the policy have option for voluntary co-pay in network hospitals		
Does the policy require any compulsory co-pay in non-network hospitals		
Does the policy require any compulsory co-pay in hospitals outside a specified geographical area?		
Does the policy require any compulsory co-pay for pre-existing diseases?		
Does the policy require any compulsory co-pay for 'packaged' charges by hospitals?		
Any other sub-limits?		

If any other cost sharing applies, details of the same.

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**C.f. Loyalty Benefits**

	<b>Offered (Y/N)</b>	<b>At first renewal</b>	<b>At second renewal (cumulative)</b>	<b>Maximum</b>
Cumulative No Claim Bonus				
Cumulative Loyalty Bonus (regardless of Claim history)				
Health Check up for claim-free policies				
Health check up regardless of claim history				
No Claim Discount				
Loyalty Discount (regardless of claim)				
Any Other				

If any other loyalty benefit applies, details of the same.

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**C.g. Other Terms and Conditions**

Terms/Conditions	Applicable (Y/N)	Details as applicable
Whether the policy is only available to a restricted group (e.g. customers of a bank)		
Whether the policy is only intended for claims arising in a specified and limited network of medical providers?		
Whether change in risk is to be intimated on renewal		
Whether TPA being used for the product		
Whether there is a Premium Installment option		
Whether increase in sum insured permissible at renewal		
Whether change of options/plans within same product permissible at renewal		
Whether inward migration allowed from other products of same insurer		
Whether inward migration allowed from other/ similar products of any insurer		
Whether there are any restrictions on renewal of specific sections/ components before the maximum renewal age for the product		
Whether parents are covered under the policy?		
Whether cancellation at option of insurer is on pro-rata basis?		
Whether cancellation at option of insurer for fraudulent cases is on 'no refunds' basis		
Whether Free Look period option is provided under the policy?		
Others		

**C.h. Sum Insured and Rate Structure for Primary Member:**

Chart given below applicable for primary member alone: Y/N

If No, Chart applicable for: \_\_\_\_\_

Different Sums Insured (in Rs)	Sum Insured (Rs)	Premiums applicable at different ages (Rs. per annum)						
		For 25 years	For 30 years	For 40 years	For 50 years	For 60 years	For 65 years	For 70 years
Minimum sum insured available								
Premium charged for Rs. 2 lakhs sum insured where applicable	200,000							
Premium charged	300,000							

for Rs. 3 lakhs sum insured where applicable								
Maximum sum insured available								

**C.i. Reinsurance Details:**

Reinsurance Details	Y/N	Details
Any reinsurance other than obligatory cession		
If yes, whether pricing is linked to reinsurance rates		

**C.j. Critical Illness Coverage:**

C.j.1. Critical Illness	Covered (Y/N)	If yes, details thereof
If Critical Illness is an additional component of a wider health cover, whether sum insured for Critical Illness is different from that for the primary component		

C.j.2. Critical Illness	Covered (Y/N)	If yes, survival period required in number of days
Survival Period required		

C.j.3. Critical Illness	Covered (Y/N)	Period	If modified from Standard Definitions, details
Stroke resulting in permanent symptoms			
Cancer of specified severity			
Kidney Failure requiring regular dialysis			
Open Chest Coronary Artery Bypass Graft			
Major Organ/ Bone Marrow Transplant			
Coma of specified severity			
Multiple Sclerosis with persisting symptoms			
First Heart Attack of specified severity			
Open Heart repair or replacement of heart valves			
Motor Neuron Disease with permanent symptoms			
Permanent Paralysis of Limbs			
Major Injuries			
Major Burns			
Others			

If any other critical illness cover is applicable, details of the same.

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**C.k. Hospital Cash Coverage:**

<b>C.k.1. Hospital Cash</b>	<b>Covered (Y/N)</b>	<b>If yes, details thereof</b>
If Hospital Cash is an additional component of a wider health cover, whether the amount of hospital cash cover is linked to sum insured		

<b>C.k.2. Hospital Cash</b>	<b>Minimum Stay required (days)</b>	<b>Deductible if any (days)</b>	<b>Maximum Period Covered (days)</b>	<b>Minimum Daily Payout option (Rs)</b>	<b>Maximum Daily Payout option (Rs)</b>
Room					
ICU					
Accidental					
Any other					

**C.l. High Deductible Coverage:**

<b>High Deductible Coverage</b>	<b>Amount (Rs.)</b>
Minimum Deductible Option	
Minimum Sum Insured above the minimum deductible	
Maximum Deductible Option	
Maximum Sum Insured above the maximum deductible	

**C.m. Outpatient Coverage:**

<b>C.m.1. Outpatient Coverage</b>	<b>Y/N</b>	<b>If yes, Fixed Premium (Rs.)</b>
Is the policy modeled as fixed total premium and variable OPD sum insured?		

<b>C.m.2. Outpatient Coverage</b>	<b>Y/N</b>	<b>Period (MM/YY)</b>
Is there any restriction on period?		
If yes, the period till which IRDA approval was given for this component		

<b>C.m.3. Outpatient Coverage</b>	<b>Sum Insured (Rs)</b>	<b>OPD Premiums applicable for different ages (Rs. per annum)</b>						
		<b>For 25 years</b>	<b>For 30 years</b>	<b>For 40 years</b>	<b>For 50 years</b>	<b>For 60 years</b>	<b>For 65 years</b>	<b>For 70 years</b>
Minimum OPD Cover offered								
Maximum OPD cover offered								

**C.n. Travel Coverage:**

<b>C.n.1. Travel Coverage</b>	<b>Applicable (Y/N)</b>	<b>If yes, days</b>	<b>Conditions/ Details</b>
Minimum duration of travel specified			
Maximum duration of travel specified			
Coverage for emergency evacuation-ground			
Coverage for emergency evacuation-air ambulance			
Coverage for emergency hospitalization			
Coverage for emergency OPD expenses			
Coverage for emergency repatriation			
Coverage for repatriation of mortal remains			
Coverage for attendant travel			
Coverage for loss of baggage			
Coverage for loss of passport			
Coverage for emergency stabilization in case of pre-existing diseases			
Coverage beyond emergency stabilization in cases with pre-existing diseases			
TPA used for servicing policies			
Any Other Coverage			

<b>C.n.2. Travel Coverage</b>	<b>Applicable (Y/N)</b>	<b>If yes, Code</b>	<b>Details</b>
Geographical zones where policy covers travel (Refer Travel Code Master for codes)			
If any other zone is applicable, give details of the zone.			

**C.o. Pricing and Underwriting Details:**

<b>C.o.1. Pricing Criteria</b>	<b>Applicable (Y/N)</b>	<b>Rank by Priority/ Weightage</b>
Age		
Sum Insured		
Gender		
Size of Group		
Geographical location of insured		
Deductible or Co-pay opted		
Occupation		
Policy period		
Discount for number of sections/ components covered		
Extension or reduction in geographical jurisdiction of coverage		
<i>Any other pricing criteria</i>		

<b>C.o.2. Expected Claim Ratio</b>	<b>Percentage</b>
Expected incurred claim ratio in first completed year	
Expected incurred claim ratio in second completed year	
Expected incurred claim ratio in third completed year	

<b>C.o.3. Underwriting Details</b>	<b>Applicable (Y/N)</b>	<b>If yes, Age after which required</b>
Whether entirely pre-underwritten		
Pre Insurance Medical Examination requirement		
Whether required at an earlier age based on proposal form details		

<b>C.o.4. Underwriting Details</b>	<b>Applicable (Y/N)</b>	<b>Criteria filed with IRDA (Y/N)</b>	<b>Maximum loading/ discount (%)</b>
Health-status based loading applicable on new policies			
Health status based loading applicable on renewals			
Claim history based loading applicable on renewals			
Maximum loading for all variables taken together			
Maximum discount for all variables taken together.			
<i>Any other underwriting criteria</i>			

If any other underwriting criteria are applicable, details of the same.

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**Addl. Comments/ Remarks/ Notes:**

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**INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY****DETAILS FOR FILE AND USE APPROVAL OF HEALTH INSURANCE PRODUCTS**

1	<b>A &amp; B. PRODUCT INDEX &amp; PROCESSING HISTORY</b>
2	<b>C. PRODUCT DETAILS</b> <b>C.a. Hospitalization : Contingencies covered</b>
3	<b>C.b. Waiting periods and sub limits for specified diseases</b>
4	<b>C.c. Exclusions</b>
5	<b>C.d. Age Limits &amp; C.e. Cost sharing</b>
6	<b>C.f. Loyalty Benefits &amp; C.g. Other Terms and Conditions</b>
7	<b>C.h. Sum Insured and Rate Structure for Primary Member &amp; C.i. Reinsurance Details</b>
8	<b>C.j. Critical Illness Coverage &amp; C.k. Hospital Cash Coverage</b>
9	<b>C.l. High Deductible Coverage &amp; C.m. Outpatient Coverage</b>
10	<b>C.n. Travel Coverage</b>
11	<b>C.o. Pricing Criteria, Expected Claim Ratio &amp; Underwriting Details</b>

**Customer Information Sheet**  
Description is illustrative and not exhaustive

S. NO	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	<b>Product Name</b>	<ul style="list-style-type: none"> <li>Approved Brand Name</li> </ul>	
2	<b>What am I covered for:</b>	<ul style="list-style-type: none"> <li>Hospital admission longer than xx hrs</li> <li>Related medical expenses incurred xx days prior to hospitalisation / amounting to x% of claim</li> <li>Related medical expenses incurred within xx days from date of discharge / amounting to x% of claim</li> <li>Specified / Listed procedures requiring less than 24 hours hospitalisation (day care)</li> <li>Cover for xx critical illnesses on undergoing specified procedure or on diagnosis of an illness of specified severity</li> <li>Hospital daily cash benefit of Rs ___ per day</li> <li>OPD / Dental / Maternity coverage</li> <li>Emergency or Travel Medical Assistance etc</li> </ul>	
3	<b>What are the major exclusions in the policy:</b>	<ul style="list-style-type: none"> <li>Any hospital admission primarily for investigation / diagnostic purpose</li> <li>Pregnancy, infertility, congenital/genetic conditions,</li> <li>Non-allopathic medicine,</li> <li>Domiciliary treatment, treatment outside India.</li> <li>Circumcision, sex change surgery ,cosmetic surgery &amp; plastic surgery,</li> <li>refractive error correction, hearing impairment correction, corrective &amp; cosmetic dental surgeries,</li> <li>Organ donor expenses,</li> <li>Substance abuse, self-inflicted injuries, STDs and HIV / AIDS,</li> <li>Hazardous sports, war, terrorism, civil war or breach of law,</li> <li>Any kind of service charge, surcharge, admission fees, registration fees levied by the hospital.</li> </ul> <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).</p>	
4	<b>Waiting period</b>	<ul style="list-style-type: none"> <li><b>Initial waiting period:</b> 30 days for all illnesses (not applicable on renewal or for accidents)</li> <li><b>Specific waiting periods :</b> <ul style="list-style-type: none"> <li>12 months for xx diseases (clauses aa to bb)</li> <li>24 months for yy diseases (clauses cc to dd)</li> <li>36 months for zz diseases (clauses ee to ff)</li> <li>48 months for xx diseases (clauses gg to hh)</li> </ul> </li> <li><b>Pre-existing diseases:</b> Covered after ___ months/ Not covered</li> </ul>	
5	<b>Payout basis</b>	<ul style="list-style-type: none"> <li>Reimbursement of covered expenses up to specified limits AND / OR</li> <li>Fixed amount on the occurrence of a covered event</li> </ul>	
6	<b>Cost sharing</b>	<ul style="list-style-type: none"> <li>In case of a claim, this policy requires you to share the following costs: <ul style="list-style-type: none"> <li>Expenses exceeding the following <b>Sub-limits</b> <ul style="list-style-type: none"> <li>Room / ICU charges beyond _____</li> <li>For the following specified diseases: <ul style="list-style-type: none"> <li>_____</li> <li>_____</li> </ul> </li> </ul> </li> <li><b>Deductible</b> of Rs XXX per claim / per year / both</li> <li>xx% of each claim as <b>Co-payment</b> (yy % in a non-network hospital)</li> </ul> </li> </ul>	
7	<b>Renewal Conditions</b>	<ul style="list-style-type: none"> <li>Your policy is ordinarily renewable (OR Guaranteed) up to age x (OR for x years)</li> <li>After you attain the age of x years, the following features of your policy change: <ul style="list-style-type: none"> <li>_____</li> <li>_____</li> </ul> </li> <li>Other terms and conditions of renewal</li> </ul>	

**(LEGAL DISCLAIMER) NOTE:** The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the KFD and the policy document the terms and conditions mentioned in the policy document shall prevail.

S. NO	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
8.	<b>Renewal Benefits:</b>	<ul style="list-style-type: none"> <li>• x% increase in your annual limit for every claim free year (or) x% discount on renewal premium, subject to a maximum of x%.</li> <li>• In case a claim is made during a policy year, the bonus proportion (or) discount would reduce by x% in the following year.</li> <li>• For every block of x claim free policy years, free health check up for the insured persons subject to maximum x% of sum insured.</li> </ul>	
9.	<b>Cancellation</b>	<ul style="list-style-type: none"> <li>• This policy would be cancelled, and no claim or refund would be due to you if:               <ul style="list-style-type: none"> <li>○ you have not correctly disclosed details about your current and past health status OR</li> <li>○ have otherwise encouraged or participated in any fraudulent claims under the policy.</li> </ul> </li> </ul>	

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