GROUP HEALTH INSURANCE

Customer Information Sheet

This document provides key information about your policy. You are advised to go through your policy document.

Sr. No	Description	Policy Clause Number
1.	**Name of Insurance Product/Policy** Group Health Insurance	
2.	**Policy Number** 4015/X/S/448138856/00/000	a. Policy schedule
3.	**Type of Insurance Product/Policy** Both Indemnity and Benefit	a. Policy schedule
4.	**Sum Insured (Basis) (Along with amount)** **Policy Type: Students** Sum Insured: (₹) 200000	a. Policy schedule
5.	**Policy Coverage (What the policy covers?) (Policy Clause Number/s)** **Coverages:** 1) Policy Type : Non Floater 2) Policy Construct : Non Employer Employee 3) Service Category : Both Cashless & Reimbursement 4) OPD/IPD : IPD 5) Third Party Administrator : ICICI Lombard Healthcare 6) OTC/Non OTC : OTC 7) Physical Health Card : N 8) 30 Days waiting period : Waived Off 9) IPD Claim Intimation Period : 30 Days 10) Age Band : 3 years to 30 years 11) Family Definition : The family shall comprise of the insured student only 12) Sum Insured : SI is restricted to Rs.200000 per life during the policy period as per annexure attached herewith. 13) Corporate Floater : NA 14) Room Rent : No Capping 15) Maternity Benefit for Normal & C-Section : NA 16) 9 months waiting period : NA 17) Pre-Existing Diseases : Pre-Existing Diseases Expenses Covered 18) Pre - Post Hospitalisation : Pre Hospitalisation and Post Hospitalisation for 30 days & 60 days respectively are covered. 19) Special Coverages : 20) Baby Day 1 : NA 21) Pre/Post Natal Expenses : NA 22) Ambulance Service : NA 23) OPD Cover : NA 24) Health Check Up : NA 25) 1st Year waiting period : Waived Off 26) Domiciliary Hospitalisation : Exclusion 27) Exclusion : Lasik Surgery, Septoplasty, Infertility & Related Ailments incl.'Male sterility';Treatment on trial/experimental basis; Admin/Registration/Service/Misc. Charges; Expenses on fitting of Prosthesis; Any device/instrument/machine contributing/replacing the function of an organ; Holter Monitoring are outside the scope of the policy.	

Signature Not Verified
Digitally signed by DS ICICI LOMBARD GENERAL INSURANCE CO LTD 1
Date: 2026.07.18 18:20:52 IST

	28) Special Condition : "Liability for Nasal Sinus Surgeries upto Rs.35,000; Hospitalisation arising out of Psychiatric ailments upto Rs.30,000" 29) Co-Payment : No Copay 30) PPN Option : NA 31) Special Condition : 50% Co-Pay for cyberknife treatment/Stem Cell Transplantation.Cochlear Implant treatment shall be restricted to 50% of the SI. 32) Special Condition : Claim must be filed within 30 days from the date of completion of treatment. However, the Company may at its absolute discretion consider waiver, of this Condition in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit. 33) Mid-Term Inclusion : Mid-term inclusion of new joinees only 34) Special Condition : No Refund for deletion-if lives less than minimum required & if insured has claimed during policy 35) Special Condition : Any endorsements will be from the date of addition and not from the inception of the policy. 36) Disclaimer : I/We, the undersigned have read and understood the Guidelines on Group Insurance Policies issued by the Authority vide ref. no. 015/IRDA/Life/Circular/GI Guidelines 2005 dated July 14, 2005, as amended from time to time, and shall adhere to its provisions at all times. 37) Add-Del of Lives : Premium to be charged on Pro rata basis for addition/deletion endorsement.	
6	**Exclusions(What the policy not cover)** **Exclusions:** • Investigation & Evaluation- Code- Excl04 • Rest Cure, rehabilitation and respite care- Code-Excl05 • Obesity/ Weight Control: Code- Excl06 • Hazardous or Adventure sports: Code- Excl09 • Breach of law: Code- Excl10 • Excluded Providers: Code- Excl11 • Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code-Excl12 • Cosmetic or plastic Surgery: Code- Excl08 • Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13 • Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14 • Refractive Error: Code- Excl15 • Unproven Treatments: Code- Excl16 • Sterility and Infertility: Code- Excl17 • Maternity: Code Excl18 • The expenses on treatment of diseases, or illness such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagisa or Fibromyoma, Hernia, Hydrocele, • Diseases, Fistula in anus, piles, Sinusitis and related disorders during the first year of operation of this policy. If these diseases, or illnesses are pre-existing at	e. Exclusions

9	**Claims/Claims Procedure** **Cashless (Pre-Authorization) Procedure;** **Step 1** – Get your treatment at our network hospital, submit a copy of health card and photo ID proof at Hospital Insurance desk during admission. **Step 2** – The hospital sends an approval request for your cashless admission along with relevant documents (cashless pre-authorization form, investigation reports, past consultation papers (as applicable), copy of health card and photo ID proof, etc.) **Step 3** – Request will be processed as per policy terms and conditions **Step 4** – While you avail treatment the claim payment is settled directly tothe Provider/Hospital **Step 5** – You can check and track your claim status live on IL TakeCare app or WhatsApp **Reimbursement Procedure;** **Step 1** – Get treatment at a non-network hospital by self-paying all the treatment costs. Collect all treatment and expenses related documents. **Step 2** – Send us the claim documents along with the claim form. You can also emboss the original documents and submit an e-claim on the ILTakecare app. if an e-claim is submitted please retain all the original documents and produce if asked by Insurance to submit in original hard copy. **Step 3** – The claim will be processed as per policy terms and conditions **Step 4** – The approved amount in the claim would be reimbursed to you To claim or check your claim status, use the IL TakeCare App or contact us on WhatsApp at +91 7738282666. For cashless hospitalization in a non-network hospital, contact health assistance at least 48 hours before admission or within 24 hours for emergencies. Use "Anywhere Cashless" through IL TakeCare App's > Services We Offer > Health Assistance. Available from 8am to 8pm, Mon to Sat (except public holidays). You can also reach them via email at healthassistance@icicilombard.com or through this web link: https://ilhc.icicilombard.com/Home/healthassistance. Note: Claim documents should be dispatched to below mentioned address: ICICI Lombard Health Care, 1st, 4th (Half), 5th and 6th floors, Varun Towers-II, Opp. Hyderabad Public school, Begumpet, Hyderabad, District Hyderabad, Telangana. Pin Code -500016 In case of any claim queries, please write to ihealthcare@icicilombard.com or call 1800 2 666 (Toll Free)	g. Other terms & conditions

	Find our extensive list of hospitals providing cashless services on our website https://www.icicilombard.com/health-insurance/health-claim/partner-hospital or on the IL TakeCare App. For reimbursement claims, We shall make the payment of admissible claim OR communicate non admissibility of claim within 14 days after you submit the complete set of documents & information. **Turn Around Time(TAT) for claim settlements-** TAT for Pre-Authorization of Cashless Facility is within 1 hours from the receipt of last necessary document from Hospital. TAT for final cashless final bill authorization is within 3 Hours from the receipt of last necessary document from hospital. Turn Around Time (TAT) for Reimbursement claims – 15 days of receipt of claim form along with claim documents, Claim Form Download link https://ilhc.icicilombard.com/Customer/WelcomeOnlineIPDClaimForm Delisted Hospital Link https://www.icicilombard.com/docs/default-source/default-document-library/delisted-hospital-list.pdf	
10	**Policy Servicing** You may contact us through our website www.icicilombard.com (Customer Support section “Grievance Redressal”) or call us on our Toll Free no: 1800 2666, or email us at customersupport@icicilombard.com For details of Company officials kindly visit our website https://www.icicilombard.com/customer-support	g. Other terms & conditions
11	**Grievances/Complaints** In case of any grievance the insured person may contact the Company through Website: www.icicilombard .com Toll free: 1800 2666 Email: customersupport@icicilombard.com Address: ICICI Lombard General Insurance Co. Ltd. Ground floor- Interface 11, Sixth floor- Interface 16 , Office no 601 & 602, New linking Road, Malad (West),Mumbai – 400064 There is an interactive voice response (IVR) facility for senior citizens’ grievance redressal for easy and faster resolution Insured person may also approach the grievance cell at any of the company's branches with the details of grievance If Insured person is not satisfied with the redressal of grievance ,insured person may contact the grievance officer at the details provided in the below link: https://www.icicilombard.com/grievanceredressal.com	g. Other terms & conditions

	If Insured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority (IRDA) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or IRDA Grievance Call Centre(IGCC) at their toll free no. 1800 4254 732 / 155255 Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDA website: www.irdai.gov.in, or on the Company's website at www.icicilombard.com	
12	**Things to remember** **Free Look cancellation:** Every insured of new health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy. If the insured cancels the policy within free look period then the insured shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the insured and stamp duty charges. If you wish to cancel the policy, contact us through our website www.icicilombard.com (Customer Support section),call us toll-free at 1800 2666, or email customersupport@icicilombard.com. **Policy renewal**: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn. **Migration**: In case of migration of indemnity based health insurance policy (except Personal Accident and Travel Policies) with the same Insurer, the insured can transfer the credits gained to the extent of the Sum Insured and benefits available in the previous policy to the migrated policy. The Company may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months. **Portability:** a. The insured has the choice to port his / her policies from one Insurer to another. An Insured desirous of porting his/her policy to another insurer shall apply to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal. b. The insured is entitled to transfer the credits gained to the extent of the sum insured and the benefits available in the previous policy, subject to the underwriting policy of the Company c. The Company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines d. This benefit is not applicable for enhanced sum insured. **Change in Sum Insured**: Sum Insured can be changed (increased/ decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in Sum Insured, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.	f. General Terms and Clauses

	Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration), your policy or claims can't be contested for non-disclosure or misrepresentation, except in cases of proven fraud. This is known as the moratorium period. This moratorium applies to the sum insured of your first policy. If you increase your sum insured, the 60-month period will restart for the increased amount only, from the date of enhancement.	
13	**Your Obligations** Disclosure of Material Information during the Policy Period	f. General Terms and Clauses

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

Signature of the Policy

NOTE: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

Group Health Insurance

a. POLICY SCHEDULE

Insured Detail

Policy Number	:	4015/X/S/448138856/00/000
Issued At	:	MUMBAI
Name of the Insured	:	THE ASSAM ROYAL GLOBAL UNIVERSITY
Mailing Address of the Insured	:	ROYAL GLOBAL UNIVERSITY GUWAHATI ISBT , ASSAM - 781035

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs*?	No

Intermediary Details

Agency/Broker Code	:	2021477077929787
Agency/Broker Name	:	TRUSTNER INSURANCE BROKERS PRIVATE LIMITED
Agent's/Broker's Mobile No.	:	6003903290
Agent's/Broker's Email ID	:	bhola.singh@trustner.in

Policy Details

Period of Insurance	:	From: 00:00 Hours of Jul 06, 2026 To Midnight Jul 05, 2027
Product	:	Group Health Insurance
Total Lives Insured	:	162
Sum Insured	:	₹3,24,00,000.00
Details of Person Insured	:	As per Annexure Premium Computation
Basic Premium	:	₹1,46,455.00
Stamp Duty	:	₹0.50
*Total Premium	:	₹1,72,818.00

*Premium value mentioned above is inclusive of taxes applicable

Coverages

1	Policy Type	Non Floater
2	Policy Construct	Non Employer Employee
3	Service Category	Both Cashless & Reimbursement
4	OPD/IPD	IPD
5	Third Party Administrator	ICICI Lombard Healthcare
6	OTC/Non OTC	OTC
7	Physical Health Card	N
8	30 Days waiting period	Waived Off
9	IPD Claim Intimation Period	30 Days
10	Age Band	3 years to 30 years
11	Family Definition	The family shall comprise of the insured student only
12	Sum Insured	SI is restricted to Rs.200000 per life during the policy period as per annexure attached herewith.
13	Corporate Floater	NA
14	Room Rent	No Capping
15	Maternity Benefit for Normal & C-Section	NA
16	9 months waiting period	NA
17	Pre-Existing Diseases	Pre-Existing Diseases Expenses Covered
18	Pre - Post Hospitalisation	Pre Hospitalisation and Post Hospitalisation for 30 days & 60 days respectively are covered.
19	Special Coverages	
20	Baby Day 1	NA
21	Pre/Post Natal Expenses	NA
22	Ambulance Service	NA
23	OPD Cover	NA
24	Health Check Up	NA

Coverages

25	1st Year waiting period	Waived Off
26	Domiciliary Hospitalisation	Exclusion
27	Exclusion	Lasik Surgery, Septoplasty, Infertility & Related Ailments incl.'Male sterility';Treatment on trial/experimental basis; Admin/Registration/Service/Misc. Charges; Expenses on fitting of Prosthesis; Any device/instrument/machine contributing/replacing the function of an organ; Holter Monitoring are outside the scope of the policy.
28	Special Condition	"Liability for Nasal Sinus Surgeries upto Rs.35,000; Hospitalisation arising out of Psychiatric ailments upto Rs.30,000"
29	Co-Payment	No Copay
30	PPN Option	NA
31	Special Condition	50% Co-Pay for cyberknife treatment/Stem Cell Transplantation.Cochlear Implant treatment shall be restricted to 50% of the SI.
32	Special Condition	Claim must be filed within 30 days from the date of completion of treatment. However, the Company may at its absolute discretion consider waiver, of this Condition in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit.
33	Mid-Term Inclusion	Mid-term inclusion of new joinees only
34	Special Condition	No Refund for deletion-if lives less than minimum required & if insured has claimed during policy
35	Special Condition	Any endorsements will be from the date of addition and not from the inception of the policy.
36	Disclaimer	I/We, the undersigned have read and understood the Guidelines on Group Insurance Policies issued by the Authority vide ref. no. 015/IRDA/Life/Circular/GI Guidelines 2005 dated July 14, 2005, as amended from time to time, and shall adhere to its provisions at all times.
37	Add-Del of Lives	Premium to be charged on Pro rata basis for addition/deletion endorsement.

Disease Wise Sublimit

Sr No.	Diseases	Metro Locations	Non Metro Locations
1	Medical Cases (Any one claim)	₹ 15000	₹ 15000
2	Appendix	₹ 20000	₹ 20000
3	Calculus of Kidney	₹ 20000	₹ 20000
4	Fracture/ Tear of knee/ Dislocation of Joint	₹ 25000	₹ 25000

4

Conditions

1	No. of Students	:	162
2	No. of Dependants	:	
3	Third Party Administrator (TPA)/ In house	:	I-HealthCare For TPA Address and Contact details please visit our website www.icicilombard.com (Download Section)

Policy shall stand cancelled ab initio in the event of non realisation of the premium.
Disclaimer: This document to be read in conjunction with the Schedule II & Schedule III of the policy.
GSTIN Reg. No : 18AAACI7904G1ZM
IL GIC GSTIN Address : 414, ICICI Lombard House Veer Sawarkar Marg Mumbai-Prabhadevi Maharashtra 400025
HSN SAC code : 997133 GENERAL INSURANCE SERVICES

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited at Mumbai on Jul 06, 2026

Yours sincerely

Gaurav Arora

Authorized Signatory

For ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED

Scan QR for Key Information Sheet and Policy-wordings.

To view Policy- wordings on our website

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115
Mailing Address:
601 & 602, 6th Floor, Interface 16
New Linking Road, Malad (West)
Mumbai - 400 064

CIN: L67200MH2000PLC129408
Registered Office Address
ICICI Lombard House,414, Veer Savarkar
Marg,Near Siddhi Vinayak Temple,
Prabhadevi, Mumbai 400 025

UIN : ICIHLGP24018V052324
Toll free no : 1800 2666
Alternate no : 86552 22666 (chargeable)
E-mail : customersupport@icicilombard.com
Website : www.icicilombard.com

Group Health Insurance