

	<p>THE ORIENTAL INSURANCE COMPANY LIMITED Regd. Office : Oriental House, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002 CIN No.U66010DL1947GOI007158</p>
<p>Sales Literature</p>	

ORIENTAL HAPPY CASH- Nishchint Rahein!

1. Why do I require a Hospital Cash policy?
 - Normal health insurance policies cover only hospitalisation expenses. But one could incur so many incidental expenses like on conveyance, lodging, etc, which health insurance policy will not pay. Hence, the requirement of hospital cash policy.
2. Why should I take Oriental Happy Cash (OHC) Policy?
 - Because this is a customer friendly product -simple to understand, low premiums, no hidden charges/conditions, transparent policy, simple claim settlement processes AND **25% EXTRA DAILY CASH BENEFIT (DCB) FOR FEMALES** at no additional premium.
3. What is the USP (unique selling proposition) of Oriental Happy Cash policy?
 - We believe in 'Women Empowerment'. So the fairer sex automatically gets 25% additional Daily Cash Benefit. In case the Daily Cash Benefit opted is Rs.1000, and if an insured woman (whatever be her age and occupation) is hospitalized, the Daily Cash Benefit she gets is Rs.1250 per day, and you do not have to pay a penny extra for this.
 - Our second USP is our policy would pay for any number of hospitalisations that may be necessitated in a policy period. However, in case of more than one hospitalisation for the same disease / accident, the aggregate number of days of hospitalisation payable in a policy period would be limited to Daily Cash Benefit Period (30/60 days) selected by the Insured.
 - There is no waiting period for any ailment other than pre-existing disease.
4. Is there any Entry age for the policy? What about Renewals?
 - If you hold a retail health policy of Oriental, maximum entry age is 75 years. Otherwise it is 65 years.
 - Renewals are lifelong except in case of fraud, misrepresentation or moral hazard.
5. Do I have to submit any income proof for taking this policy?
 - No income proof is required. You are free to choose any limit of **Daily Cash Benefit** from the available options.
6. After what age are pre-insurance Medical tests required?
 - No medical tests based on age are required.
7. What am I covered for?
 - **Daily Cash Benefit** for every continuous and completed 24 hours of hospitalization, for a maximum period of 30/60 days per hospitalisation,
 - **Convalescence benefit**-If a single hospitalisation continues for a period exceeding the **Daily Cash Benefit Period** opted for (30/60days), a lumpsum amount is payable towards convalescence.
8. Is it necessary to have a health insurance policy covering hospitalisation expenses, to be eligible for this cover?

- Not at all! You can avail this policy even if you don't have any health insurance policy.
9. Can I take this policy for my entire **family**?
- Why not! You can cover as many family members as you wish to. You also get a discount on premium depending on family size. Family discount of 5% on premium is available if two members are covered and 7.5% if more than 2 members are covered.
 - **Family** consists of the proposer and any one or more of the **family** members as mentioned below:
 - i. legally wedded spouse
 - ii. dependent Children :(i.e. natural or legally adopted) between the age 3 months to 18 years. However male child can be covered upto the age of 25 years if he is a bonafide regular student and financially dependent on proposer. Female child can be covered until she gets married. Divorced and widowed daughters are also eligible for coverage under the policy, irrespective of her age. If the child above 18 years is financially independent or if the girl child is married, he or she shall be ineligible for coverage in the subsequent renewals.
 - iii. Parents / Parents-in-law (either of them).
10. Is it mandatory to opt for a TPA services under the policy?
- No. You get a discount of 5.5% if TPA services are not opted for.
11. Can I have a TPA of my own choice?
- No. Only the TPA the name of which appears in the Policy Schedule can service your Policy.
12. Do I get any other benefit under this policy if I also have Oriental's domestic health policy?
- Yes, in this case you get a discount of 10% in premium.
 - Maximum entry age gets extended to 75 years instead of 65 years.
13. Is there any other discount available under this policy?
- Yes, a discount of 33% is available to the employees of the Company. However, No commission and no discount (except TPA discount, if applicable) like family discount, loyalty discount is allowed in such cases.
14. What are the various Sum Insured options available?
- We give options of Daily Cash Benefit of Rs.500, Rs.1000, Rs.2000 & Rs.3000.
15. Is there any **deductible** under the policy?
- The choice is with you. You may opt for no **deductible** or chose between a deductible of 1 day or 2 days and pay the reduced premium accordingly
16. Can I subsequently enhance the benefits?
- Yes, but only at the time of renewal. However, pre-existing exclusion clause would apply afresh on the enhanced benefits.
17. How do I make a claim under the Policy?
- Just fill in the claim form and submit it alongwith the hospitalization documents to the TPA or to the policy issuing office (if TPA not opted).
18. Does this policy cover pre-existing diseases?
- The policy covers pre-existing diseases only after 4 continuous policy periods as per the pre-existing disease exclusion clause of the policy.
19. Does this policy pay if I am hospitalized outside India?
- No. The policy pays only if the hospitalisation is within India.

20. Does this policy pay if I am hospitalised for taking other than Allopathic treatment?
- Yes. In case of Ayurvedic / Homeopathic / Unani treatment, this policy will pay if Hospitalisation is in a Government Hospital or a hospital associated with a Medical College.
21. Can I return the policy if on receiving the documents I find the terms & conditions unsatisfactory?
- Yes. The policy provides for a 'Free look period' of 15 days from the day you receive the policy document. This means within this period you can return the policy. Premium will be refunded after deducting proportionate premium for the period the Company was on risk. This is applicable only for fresh policies (and not on renewals).
22. Can I cancel this policy mid-term? What about refund in this case?
- Yes, you may. and in such event the Company shall allow refund of premium at Company's short period rate only (table given below) provided no claim has occurred during the policy period up to the date of cancellation.

Period on Risk	Rate of Premium to be charged
Upto 1 month	¼ of Annual rate
Upto 3 months	½ of Annual rate
Upto 6 months	¾ of Annual rate
Exceeding 6 months	Full Annual rate

Company may at any time, cancel this Policy (on grounds of lodging a fraudulent claim and such other intentional malicious acts of the insured / beneficiaries under the policy), by sending the Insured 30 (Thirty) days' notice by registered post at the Insured's last known address; and in such an event no refund of premium shall be made.

23. Do I get any grace period for renewal of the policy?
- Yes. A grace period of 30 days from the date of renewal is available within which period you can renew the policy. However, no coverage will be available for the break period.
24. Will the premium and the terms of the policy remain same on renewal?
- The premium rates and the terms & conditions of the policy may be modified on renewal for which you will be informed in advance.
25. Will this product always remain on your menu?
- May be. However, the product may be withdrawn from the market only after obtaining the Regulator's approval.
26. Can I port into this policy without losing my continuity benefits earned under the previous Insurer's policy?
- Yes, you can move to this product and all the credits earned under your previous policy would be maintained, in accordance with the portability condition of IRDA.
27. What are the basic things to be kept in mind for porting a policy?
- Portability is allowed only during renewal and not mid-term.
 - You must approach the prospective Insurer atleast 45days in advance to avoid any break in the policy coverage due to delays in acceptance of the policy by the Insurer.
28. What are the exclusions under the policy?
- i. All Pre-existing Disease (whether treated / untreated, declared or not declared in the proposal form), which are excluded upto 48 months of the policy being in

force. Pre-existing diseases shall be covered only after the policy has been continuously in force for 48 months.

For the purpose of applying this condition, the date of inception of the first hospital cash policy taken shall be considered, provided the renewals have been continuous and without any break in period, subject to portability condition.

This exclusion shall also apply to any complication(s) arising from pre-existing diseases.

- ii. Any disease contracted by the Insured person during the first 30 days from the inception date of fresh policy. This shall, however, not apply in case the insured person is hospitalised for injuries suffered in an accident, which occurred after inception of the policy.
- iii. Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials.
- iv. Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), vaccination (other than for dog-bite or bite of any rabid animal), inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- v. Surgery for correction of eye sight.
- vi. Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, crowns, root canal treatment including treatment for wear and tear etc unless arising from disease or injury and requires hospitalisation for treatment.
- vii. Convalescence, general debility, "run down" condition or rest cure, congenital external diseases or defects or anomalies, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury/suicide, all psychiatric and psychosomatic disorders and diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
- viii. arising out of any condition directly or indirectly caused by, or associated with Human T-cell Lymphotropic Virus Type III (HTLD - III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases.
- ix. Treatment primarily for evaluation / diagnostic purposes which is not followed by active treatment for the ailment during the hospitalised period.
- x. Any Hospitalisation arising from or traceable to pregnancy, childbirth, miscarriage, caesarean section, abortion or complications of any of these including changes in chronic condition as a result of pregnancy.
- xi. Naturopathy treatment, unproven procedure or treatment, experimental or alternative treatment (other than Ayurveda, Unani & Homeopathy) and related treatment including acupressure, acupuncture, magnetic and such other therapies.
- xii. Hospitalisation for investigation or treatment irrelevant to the diseases diagnosed during hospitalisation or which was the primary reason for admission.
- xiii. Treatment of Genetic disorders and stem cell implantation / surgery.
- xiv. Change of treatment from one system of medicine to another unless agreed / allowed and recommended by the Medical Practitioner/Consultant under whom the treatment is being taken.
- xv. Treatment of obesity or condition arising there from (including morbid obesity) and any other weight control programme, and similar services or supplies.
- xvi. Any treatment required because of Insured person's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang

- gliding, rock or mountain climbing and similar other activities, unless specifically agreed and endorsed on the policy.
- xvii. Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
 - xviii. Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.
 - xix. Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
 - xx. Massages, Steam bathing, Shirodhara and like treatment under Ayurvedic treatment.

NOTE: The above information is only indicative in nature. For complete details of coverage and exclusions, please refer to the policy document which is also available on our website www.orientalinsurance.org.in. In case of any difference between the Sales Literature, and the Policy, the terms and conditions of the policy shall prevail.

29. Premium Chart:

PREMIUM CHART - ORIENTAL HAPPY CASH-Nishchint Rahein!

A. DAILY CASH BENEFIT PERIOD - 30 DAYS

1	0 DAY DEDUCTIBLE			
	Premium			
	DCB	DCB	DCB	DCB
AGE (in yrs)	500	1000	2000	3000
UPTO 45	260	515	1008	1481
46-60	589	1167	2287	3359
>60	1148	2273	4455	6545

B. DAILY CASH BENEFIT PERIOD - 60 DAYS

1	0 DAY DEDUCTIBLE			
	Premium			
	DCB	DCB	DCB	DCB
AGE (in yrs)	500	1000	2000	3000
UPTO 45	289	572	1122	1648
46-60	656	1298	2544	3737
>60	1277	2529	4957	7282

2	1 DAY DEDUCTIBLE			
	Premium			
	DCB	DCB	DCB	DCB
AGE (in yrs)	500	1000	2000	3000
UPTO 45	199	395	774	1137
46-60	452	896	1755	2578
>60	881	1745	3419	5023

2	1 DAY DEDUCTIBLE			
	Premium			
	DCB	DCB	DCB	DCB
AGE (in yrs)	500	1000	2000	3000
UPTO 45	223	441	864	1269
46-60	505	1000	1959	2878
>60	984	1948	3817	5607

3	2 DAYS DEDUCTIBLE			
	Premium			
	DCB	DCB	DCB	DCB
AGE (in yrs)	500	1000	2000	3000
UPTO 45	151	299	587	862
46-60	343	679	1330	1955
>60	668	1323	2592	3808

3	2 DAYS DEDUCTIBLE			
	Premium			
	DCB	DCB	DCB	DCB
AGE (in yrs)	500	1000	2000	3000
UPTO 45	170	336	658	967
46-60	385	762	1492	2192
>60	749	1484	2907	4271

Premium and DCB (Daily Cash Benefit) - in INR

Service Tax as applicable will be extra

Premium will be calculated on completed years as on date of inception / renewal of the policy., eg. A person who has completed 45years & 364 days, will fall in the age band of upto 45 years and not in 46-60years.

P.S: Daily Cash Benefit (Rs.500,1000,2000 & 3000) given in the above Table will be 25% more (ie Rs.625, 1250, 2500, & 3750 resp) in case of female Insureds. However, Premium remains same.

Convalescence Benefit: (At no Extra premium) - Lumpsum amount payable if in a single hospitalisation, the number of days of hospitalisation exceeds the Daily Cash Benefit Period opted by the Insured.

CONVALESCENCE BENEFIT - in INR				
BENEFIT PERIOD / DCB	500	1000	2000	3000
30 DAYS	5000	5000	10000	10000
60 DAYS	10000	10000	20000	20000

Following discounts are available

A. Family discount -

5%. If 2 members are covered

7.5%. If more than 2 members are covered

B. Loyalty discount - 10%

C. Staff discount -33%. However, in this case discounts at A&B are not allowed.

D. TPA discount - 5.5%, If TPA services are not opted for

The above discounts shall be applied successively and not on cumulative basis.