



HOSPITALIZATION SUPPORT PLAN

Fairfirst Insurance Limited will pay a fixed cash benefit to the Insured upon hospitalization in a government hospital or registered private hospital or nursing home as an inpatient, as a result of sustaining accidental bodily injury, an occurrence of a sudden sickness/illness contracted after the commencement of the policy or any surgery which is not specifically excluded, up to the limits stipulated below.

Cover details

* Hospitalization in any government hospital, private registered hospital, any government ayurvedic hospital or registered private ayurvedic hospital as stipulated under Item No. 21 are covered, for a maximum period of 30 nights in one year, excluding first night of Hospitalization.

1. Benefit limits for prepaid & post-paid customers

1.1 Limits

Annual limit	LKR 30,000
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1.2 Daily allowances and premiums limits

Monthly premium (Excluding taxes)	Daily allowance per night spent in hospital (from 2 nd day onwards maximum up to 30 nights)
LKR 99.00	LKR 1,000.00
LKR 82.50	LKR 800.00
LKR 66.00	LKR 650.00
LKR 49.50	LKR 500.00
LKR 33.00	LKR 300.00
LKR 16.50	LKR 150.00

1.3 Value added benefit – Dengue cover for pre-paid & post-paid customers

Upon diagnosis of dengue fever, the amount payable shall be the higher of either

1. the dengue cash grant stated below or
2. the standard hospital cash payment depending on the duration of hospitalization as per scale below, subject to complying with all the listed benefit triggers.

Monthly premium	Hospital Cash payment “Maximum per day allowance” for hospitalization	Dengue cash grant
LKR 99	LKR 1,000	LKR 10,000
LKR 82.50	LKR 800	LKR 10,000
LKR 66	LKR 650	LKR 10,000
LKR 49.50	LKR 500	LKR 5,000
LKR 33	LKR 300	LKR 5,000
LKR 16.50	LKR 150	LKR 5,000

1.3.1 Benefit triggers

- A positive result from NS1 antigen test is mandatory for registered private hospitalization.
(NS1 antigen report should contain the name & age of the patient)
- Date of NS1 antigen test showing “positive” result for dengue should be during hospitalization or not more than 72 hours prior to time of admission to the hospital.
- Patient’s admission to the hospital is mandatory.
- NS1 report is not compulsory for government hospitalization.

1.4 Extended benefits for post-paid customer

Daily Allowances, Premiums and Limits

MONTHLY PREMIUM (EXCL. TAXES)					
Product Tier	Per Main Policy	Per Spouse	Per Child	Daily Allowance Per Night Spent	Annual Limit
BASIC	LKR.99.00	LKR. 65.00	LKR. 50.00	LKR. 1000.00	LKR. 30,000.00
SILVER	LKR. 274.00	LKR. 182.00	LKR. 144.00	LKR. 3000.00	LKR. 90,000.00
GOLD	LKR. 429.00	LKR. 287.00	LKR. 230.00	LKR. 5000.00	LKR. 150,000.00

2. Enrolment Process

2. Dial #107*1# or call Dialog customer service hotline 444 to enroll.
3. User will receive a welcome SMS to confirm your registration.
4. Payments are made through daily deductions from User's phone or monthly if user has a postpaid connection.
5. Upon discharge from hospital, user may call customer support line 444. An agent will assist the User.
6. User's insurance claim will be paid through a bank deposit and in the absence of account numbers, payment will be settled by a cheque drawn in favour of policyholder, subject to submission of all relevant documents.

3. General policy conditions and privileges

1. Geographical Territory

All benefits provided under this policy are applicable only for hospitalizations within the geographical territory of Sri Lanka.

2. Policy Commencement and Renewals

This policy is effective from the very next calendar month after completing the daily payment for the first month. Thereafter, this policy is renewable on a monthly basis at the premium rates effective at that time.

3. Age Limit

This policy covers the persons aged between 18 to 60 years.

4. Eligibility & Enrolment

Eligible Applicants are individual pre-paid and post-paid customers of Dialog. Only one person is insured per pre-paid or post-paid telecommunications connection. All eligible applicants must be natural persons. Corporations, partnerships and businesses will not be eligible for coverage under this Hospitalization support plan. All eligible applicants must be 18 years of age or above and below 60 years of age at the time of registration.

Enrolment to the Hospital Insurance Policy will be as per the process agreed upon between Dialog, BIMA and Fairfirst Insurance Limited.

5. Premium Payments

The policy holder shall settle premium as per sections 1.3 and 1.4 with taxes.

6. Termination of individual insurance

The insurance cover shall be automatically terminated at the earliest time below :

1. The Insured Person exceeds 60 years of age; or
2. Upon Death; or
3. Upon cancellation or withdrawal of subscription by Dialog of the contract/relationship with the Insured, whatever the reason may be; or
4. In case of non-payment of the individual insurance Premium.

7. Notice

Every notice or communication to the company shall be in writing and sent to the company address. The Insured will be contacted by BIMA through his/her Dialog subscriber number.

8. Alterations

The parties agree that the premium, as specified in this schedule, is subject to review on an annual basis and may be subject to alteration if and to the extent that it would not be reasonably possible to obtain insurance cover with that premium level. The new premium level will be an amendment and shall be included as an annex to this schedule if approved in writing by both parties.

9. Claim submission

All claim documents pertaining to hospitalization shall be submitted within 60 days from the date of discharge.

10. Claim Settlement

The Insured should notify in writing of hospitalization of the insured to Fairfirst Insurance Limited via BIMA together with the cause and proof thereof. This written notice shall be accompanied by a certificate of the attending physician containing registration number and mentioning the actual cause for hospitalization of the insured. Fairfirst Insurance Limited should be notified of the occurrence of hospitalization of the insured person as soon as possible by BIMA, but not exceeding sixty (60) days from the date of hospitalization after which it will be treated as time-barred and Fairfirst Insurance Limited shall not be bound to pay the claim.

For each reported claim, Fairfirst Insurance Limited must obtain documents outlined under "14. Claim documents"

Fairfirst Insurance Limited shall process and pay genuine and approved claims on receipt of required documents from BIMA, within five (5) working days.

If there is a dispute, suspected fraudulent activity on the claim or a unique situation which requires further clarification, the payment period can be extended but shall not exceed ten (10) working days, or as long as the dispute takes to resolve in the legal system.

11. Claim Limits

A daily allowance shall be paid for the period of hospitalization based on the premium paid as stipulated above, excluding the first night of hospitalisation. The maximum claimable limit for 12 calendar months shall not exceed the annual limit stipulated above i.e. under **1.1 - 1.4** of this Schedule.

During one calendar year, not more than one Dengue Cash Grant shall be payable per policy holder.

12. Policy excess

50% of excess shall be applicable for claims during the first three (03) months from the policy effective date and shall be removed thereafter until a claim is made.

If a claim is made, 50% excess shall be re-applied for a period of three (3) months following such claim and thereafter, the Insured will again be entitled to 100% of the benefit.

13. Certification, Information and Evidence

All certificates, information, evidence required by the company shall be furnished at the expense of the insured and in such a form that the company may require.

14. Claim Documents

Claims shall be submitted with:

- Claim form
- Copy of completed diagnosis card
- Copy of identification document (Identity card/Driving license)
- Proof of enrolment (provided by BIMA)

For Dengue cash grant

- Original dengue antigen report of NS1 from private hospitals or dengue antigen confirmation on diagnosis card from government hospitals should be submitted along with above documents.

The processing of claim will commence only upon receipt of the complete documents as stated above.

All diagnosis cards should be duly completed with all the necessary components including:

- Admission and discharge dates
- Patient's name, age and sex
- Admission complaints
- Investigations done
- Treatment given and the plan on discharge
- Doctor's rubber stamp and the signature

15. Misrepresentation /Fraud

If any claim made is found fraudulent or exaggerated or if any false declaration or statement is made in support thereof, then in any of these cases, the company reserves the right to void the cover in respect of such Insured.

16. Governing Law

This policy is issued and governed by the law of the Democratic Socialist Republic of Sri Lanka.

17. Currency of the Payments

All payments to the insured and to the company shall be made in Sri Lankan Rupees.

18. Intentional false statements of any insured person

In case of concealment or misrepresentation by an insured person, the Hospitalization Support plan insurance policy shall be null and void with respect to the relevant insured Person.

19. No assignment

The hospital insurance cover granted under this policy shall be non-assignable.

Dengue cash grant is available only for the policyholder and is not transferable.

20. Exclusions

The company shall not be liable to pay any hospitalization due to the following:

- Strike, riots & civil commotion, political unrest and terrorism.
- Complications in pregnancy, childbirth or birth control
- Cosmetic surgeries

21. Approved ayurvedic hospitals

- Siddhalepa hospital
- Pilapitiya ayurvedic hospital
- Horana sugatha hospital
- Wickramaarachchi ayurvedic hospital
- Any Government ayurvedic hospitals

DEFINITIONS

- 1. Accident or Accidental events** shall mean a sudden, unintentional, unexpected, unusual, and specific event that occurs at an identifiable time and place which shall, independently of any other cause and leading to an injury.
- 2. Annual limit** shall mean maximum limit available for the insured to utilize for hospitalizations during one year from the first commencement of the policy.
- 3. Dental treatment** shall mean a treatment done by a doctor having initial B.D.S. (Bachelor of Dental Surgery) qualification, with or without further specialization.
- 4. Disease** shall mean a physical condition marked by a pathological deviation from the normal healthy state.
- 5. Sickness** shall mean any pathological state or state of abnormal function of bodily organs of the insured, not caused by an accident, and objectively diagnosable.
- 6. Injury** shall mean bodily damage caused solely by an accident.
- 7. Surgery** shall mean any of the following medical procedures: To incise, excise or electro cauterize any organ or body part to repair, revise or reconstruct any organ or body part except for dental services.
- 8. Hospital** shall mean only an establishment duly constituted and registered at ministry of health care and nutrition as a hospital for the care of sick and injured persons and which, has facilities for diagnosis and major surgery, and provides 24 hour a day nursing services by registered and graduated nurses.
- 9. Hospitalization Support Plan Insurance Policy means** the policy, providing coverage under the terms, covenants and conditions stated in this agreement. The Hospitalization support plan insurance policy is a product paid daily that gives a monthly cover the following month.
- 10. Hospitalization** shall mean admission and confinement to a Hospital as a registered inpatient under supervision of a medical specialist following initial outpatient, day surgery or ETU treatment.
- 11. Inpatient** shall mean a person confined to overnight stay in the hospital for clinical management of a disease or an injury seeking full time doctors' attention and observation.
- 12. Insured Person** shall mean eligible individual with a Dialog connection who, in accordance with the provisions of this agreement, are participating in an insurance plan (the Hospitalization support plan Insurance Policy) as set out in this agreement and who have completed the electronic enrolment form and been accepted by Fairfirst Insurance Limited.

13. Policy year shall mean a period of twelve (12) consecutive months beginning with the policy date and ending with the subsequent policy anniversary.

14. Premium refers to the fee due to the insurer for the provision of the Hospitalization support plan Insurance policy to be paid by the Insured.

15. Summary of Cover shall mean the accurate information about the Hospitalization support plan insurance policy that must be provided by BIMA to every insured. This information shall describe briefly the provisions, terms and conditions of the policy as to be well understood by the insured. The wording of the summary of cover is prepared by FAIRFIRST INSURANCE LIMITED.

16. Entry Date shall mean the effective date of coverage of an Insured.

17. Cover Level shall refer to day allowances corresponding to each level of premium outlined in clauses 1.2 & 1.4

18. Insurer or the Company shall mean Fairfirst Insurance Limited

19. BIMA is the service provider facilitating the technical integration between the company and the policyholder.