



## HOSPITALIZATION SUPPORT PLAN (CARD PAYMENT)

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. 20 are covered, for a maximum period of 30 nights in one year.

#### 1 Benefit limits for post-paid customers

##### 1.1 Limits

Annual limit – Maximum of 30 nights.

##### 1.2 Daily allowances and premiums limits

Refer the attached schedule (1.1. Limits)

##### 1.3 Dengue cover

Upon diagnosis of dengue fever, the amount payable shall be the standard hospital cash payment depending on the duration of hospitalization subject to complying with all the listed benefit triggers.

##### 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.

##### 1.3.2 Epidemic / Pandemic Coverage

Refer the attached schedule (1.2. Epidemic/Pandemic Coverage)

## **2 Enrolment Process**

- 2.1 Dial #107\*1# BIMA Lanka Insurance Brokers (pvt) Ltd. Customer service hotline 1343 to enroll.
- 2.2 User will receive a welcome SMS to confirm your registration by dialling the code #107\*1#
- 2.3 Payments are made through daily deductions for prepaid users phone and monthly, if user has a postpaid connection.
- 2.4 Upon discharge from hospital, user may call customer support line 1343. An agent will assist the User.
- 2.5 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 favor of policyholder, subject to submission of all relevant documents.

## **3 General policy conditions and privileges**

- 3.1 **Geographical Territory**  
All benefits provided under this policy are applicable only for hospitalizations within the geographical territory of Sri Lanka.
- 3.2 **Policy Commencement and Renewals**  
Deduction for this policy will start immediately and the cover will be active from the first day of the next month and three (3) months waiting period is applicable from commencement date (effective from 20<sup>th</sup> March 2023). The cover amount will be based on the number of deductions: the details of which can be found in Annexure 01. Thereafter, this policy is renewable monthly at the premium rates effective at that time.
- 3.3 **Age Limit**  
Refer the attached schedule (2.1. Age Limit)
- 3.4 **Eligibility & Enrolment**  
Refer the attached schedule (2.2. Eligibility & Enrolment)
- 3.5 **Premium Payments**  
The policy holder shall settle premium as per 1.1 and 2.3 of Schedule.  
In case if the member does not pay for a month, then three (3) months waiting period will be applied once the payment is received to The Company – effective from 20<sup>th</sup> March 2023
- 3.6 **Termination of individual insurance**  
The insurance cover shall be automatically terminated at the earliest time below:
  - 3.6.1 The Insured Person exceeds 65 years of age; or
  - 3.6.2 Upon Death; or
  - 3.6.3 Upon cancellation or withdrawal of subscription by Dialog of the contract/relationship with the Insured, whatever the reason may be; or
  - 3.6.4 In case of non-payment of the individual insurance Premium.
- 3.7 **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 Lanka Insurance Brokers (Pvt) Ltd through his/her subscriber number.

### 3.8 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.

### 3.9 Claim submission

All claim documents pertaining to hospitalization shall be submitted within 90 days from the date of discharge.

### 3.10 Claim Settlement

The Insured should notify in writing of hospitalization of the insured to Fairfirst Insurance Limited via BIMA Lanka Insurance Brokers (Pvt) Ltd 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 Lanka Insurance Brokers (Pvt) Ltd, but not exceeding ninety (90) 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 "3.13. Claim documents"

Fairfirst Insurance Limited shall process and pay genuine and approved claims on receipt of required documents from BIMA Lanka Insurance Brokers (Pvt) Ltd, within three (3) 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.

### 3.11 Claim Limits

Refer the attached schedule (2.4. Claims Limits)

### 3.12 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.

### 3.13 Claim Documents

Refer the attached schedule (2.5. Claims Documents)

### 3.14 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.

### 3.15 Governing Law

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

### 3.16 Currency of the Payments

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

- 3.17 **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.
- 3.18 **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.
- 3.19 **Exclusions**
- 3.19.1 The company shall not be liable to pay any hospitalization due to the following:
  - 3.19.2 Complications in pregnancy, childbirth or birth control are only covered after 09 months from the enrolment date with the continuous payment for 09 months.
  - 3.19.3 Cosmetic treatments/ surgeries
  - 3.19.4 Pre-existing ailments effective from 20<sup>th</sup> March 2023
- 3.20 **Approved ayurvedic hospitals**
- 3.20.1 Siddhalepa hospital
  - 3.20.2 Pilapitiya ayurvedic hospital
  - 3.20.3 Horana sugatha hospital
  - 3.20.4 Wickramaarachchi ayurvedic hospital
  - 3.20.5 Any Government ayurvedic hospitals

#### **4 Definitions**

- 4.1 **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.
- 4.2 **Annual limit** shall mean maximum limit available for the insured to utilize for hospitalizations during one year from the first commencement of the policy.
- 4.3 **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.
- 4.4 **Disease** shall mean a physical condition marked by a pathological deviation from the normal healthy state.
- 4.5 **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.
- 4.6 **Injury** shall mean bodily damage caused solely by an accident.
- 4.7 **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.
- 4.8 **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.

- 4.9 **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.
- 4.10 **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.
- 4.11 **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.
- 4.12 **Insured Person** shall mean eligible individual with a Dialog connection who, in accordance with the provisions of this agreement, OR an immediate family member by dialog connection holder on behalf of himself /herself 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.
- 4.13 **Policy year** shall mean a period of twelve (12) consecutive months beginning with the policy date and ending with the subsequent policy anniversary.
- 4.14 **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.
- 4.15 **Summary of Cover** shall mean the accurate information about the Hospitalization support plan insurance policy that must be provided by BIMA Lanka Insurance Brokers (Pvt) Ltd 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.
- 4.16 **Entry Date** shall mean the effective date of coverage of an Insured.
- 4.17 **Cover Level** shall refer to day allowances corresponding to each level of premium outlined in the schedule
- 4.18 **Insurer or the Company** shall mean Fairfirst Insurance Limited
- 4.19 **BIMA Lanka Insurance Brokers (Pvt) Ltd** is the service provider facilitating the technical integration between the company and the policyholder.
- 4.20 **Pre – existing conditions** shall mean any injury, illness, condition or symptom of heart attack, cancer, kidney disease, and stroke.
- a) for which treatment, or medication, or advise, or diagnosis, has been sought or received or was foreseeable by You or Insured Person prior to the commencement of the policy.
  - or
  - b) which originated or was known to exist by You or the Insured Person prior to the commencement of the policy whether treatment, or medication, or advise, or diagnosis was sought or received.

SCHEDULE

Policy number	TBA*	Effective date	TBA*
Endorsement no.	TBA*	Date of issue	TBA*
		Acceptance date	TBA*

Period of cover from 4.00 p.m. on TBA\*  
to 4.00 p.m. on TBA\*

Insured's name DIALOG AXIATA PLC -  
address NO:475,  
UNION PLACE,  
COLOMBO 02.

Premium	Annual premium	SLR	.00
	Premium (W/O Rs&Tc)	SLR	.00
	Riot & Strike		.00
	Terrorism		.00
	TOTAL DUE	SLR	.00

COVER DETAILS

THE COVER WILL BE GRANTED IN THE EVENT OF AN INSURED PERSON(S) BEING HOSPITALIZED DUE TO SICKNESS OR ACCIDENT, PER DAY ALLOWANCE AS MENTIONED ABOVE WILL BE PAID FOR EACH AND EVERY COMPLETED DAY OF HOSPITALIZATION INCLUDING THE "FIRST NIGHT"

A 30 DAYS WAITING PERIOD WILL BE APPLICABLE FOR EACH & EVERY CLAIM FOR MEMBERS REGISTERED ON OR AFTER 1<sup>ST</sup> OCTOBER 2022

A 03 MONTHS WAITING PERIOD WILL BE APPLICABLE FOR EACH & EVERY CLAIM FOR MEMBERS REGISTERED ON OR AFTER 20<sup>TH</sup> OF MARCH 2023

1. BENEFIT LIMITS FOR POSTPAID MEMBERS

1.1. LIMITS

PREMIUM INCLUDING SERVICE FEE (BELOW PREMIUM INCLUDING SERVICE FEE ARE SUBJECT TO 0.3% CESS, 2.56% POLICY FEE & 15% VAT)						
PRODUCT TIER	PER MAIN POLICY*	PER SPOUSE*	PER CHILD*	DAILY ALLOWANCE PER NIGHT SPENT*	ACCIDENTAL HOSPITALIZATION OR INTENSIVE CARE UNIT (PER DAY LIMIT)*	ANNUAL LIMIT*
PLAN 01	LKR 225.79	LKR 147.96	LKR 113.83	1,000.00	2,000.00	30,000.00
PLAN 02	LKR 451.57	LKR 296.52	LKR 228.12	2,000.00	4,000.00	60,000.00
PLAN 03	LKR 665.41	LKR 441.95	LKR 349.68	4,000.00	8,000.00	120,000.00

PLAN 04	LKR 1,098.85	LKR 735.11	LKR 589.08	6,000.00	12,000.00	180,000.00
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\* ALL FIGURES ARE IN SRI LANKAN RUPEES (LKR)

## 1.2. EPIDEMIC / PANDEMIC COVERAGE

CLAIMS RELATED TO PANDEMIC AND EPIDEMIC ARE LIMITED AS BELOW MAXIMUM UP TO 5 DAY ONLY.

PLAN	DAILY ALLOWANCE PER NIGHT SPENT*	LIMIT PER ANNUM*
PLAN 1	1,000.00	5,000.00
PLAN 2	2,000.00	10,000.00
PLAN 3	4,000.00	20,000.00
PLAN 4	6,000.00	30,000.00

\* ALL FIGURES IN SRI LANKAN RUPEES (LKR)

## 2. GENERAL POLICY CONDITIONS AND PRIVILEGE

### 2.1. AGE LIMIT

AGE LIMIT: APPLICABLE FOR MEMBERS REGISTERED ON OR BEFORE 31ST MARCH 2023.

- MINIMUM AGE AT ENTRY - 18 YEARS
- MAXIMUM AGE AT ENTRY - 65 YEARS
- COVER CEASING AGE - 65 YEARS

AGE LIMIT: APPLICABLE FOR MEMBERS REGISTERED ON OR AFTER 1ST APRIL 2023.

- MINIMUM AGE AT ENTRY - 18 YEARS
- MAXIMUM AGE AT ENTRY - 60 YEARS
- COVER CEASING AGE - 65 YEARS

### 2.2. ELIGIBILITY & ENROLMENT

ELIGIBLE APPLICANTS ARE INDIVIDUAL DIALOG CUSTOMERS. ONLY ONE PERSON IS INSURED AND THERE IS AN OPTION TO INCLUDE FAMILY MEMBERS (SPOUSE AND CHILDREN ONLY) BY PAYING AN ADDITIONAL PREMIUM INCLUDING SERVICE FEE VIA TELECOMMUNICATIONS CONNECTION.

ALL ELIGIBLE APPLICANTS MUST BE NATURAL PERSONS. CORPORATIONS, PARTNERSHIPS, AND BUSINESSES WILL NOT BE ELIGIBLE FOR COVERAGE UNDER THIS HOSPITALIZATION SUPPORT PLAN.

ENROLMENT TO THE HOSPITAL INSURANCE POLICY WILL BE AS PER THE PROCESS AGREED UPON BETWEEN DIALOG, BIMA LANKA INSURANCE BROKERS (PVT) LTD AND FAIRFIRST INSURANCE LIMITED.

### 2.3. PREMIUM INCLUDING SERVICE FEE PAYMENTS

THE POLICY HOLDER SHALL SETTLE PREMIUM INCLUDING SERVICE FEE AS PER SECTIONS 1.1 INCLUDING TAXES (0.3% CESS AND 15% VAT). WHEN THERE IS A CHANGE TO THE TAX STRUCTURE SUCH CHANGES WILL BE APPLICABLE FROM THAT EFFECTIVE DATE.

### 2.4. CLAIM LIMITS

A DAILY ALLOWANCE SHALL BE PAID FOR THE PERIOD OF HOSPITALIZATION BASED ON THE PREMIUM INCLUDING SERVICE FEE PAID AS STIPULATED ABOVE. THE MAXIMUM

CLAIMABLE LIMIT FOR 12 CALENDAR MONTHS SHALL NOT EXCEED THE ANNUAL LIMIT STIPULATED ABOVE.

AT A TIME OF A CLAIM, IF THE INSURED PERSON(S) IS COVERED UNDER BOTH GSM AND CARD CHANNEL, ELIGIBILITY WILL BE BASED ON WHICHEVER THE HIGHEST LIMIT HE/SHE HAS PURCHASED.

2.5. CLAIM DOCUMENTS

- 2.13.1. CLAIMS SHALL BE SUBMITTED WITH:
  - a. DULY COMPLETED CLAIM FORM WITH CUSTOMER'S SIGNATURE
  - b. COPY OF COMPLETED DIAGNOSIS CARD
  - c. COPY OF IDENTIFICATION DOCUMENT (IDENTITY CARD/DRIVING LICENSE)
  - d. PROOF OF ENROLMENT (PROVIDED BY BIMA LANKA INSURANCE BROKERS (PVT) LTD)
- 2.13.2. PANDEMIC / EPIDEMIC - (C'19)
  - a. DIAGNOSIS CARD
  - b. PCR TEST REPORTS / ANTIGEN REPORTS
  - c. COPY OF NIC / DRIVING LICENSE
- 2.13.3. THE PROCESSING OF CLAIM WILL COMMENCE ONLY UPON RECEIPT OF THE COMPLETE DOCUMENTS AS STATED ABOVE.
- 2.13.4. ALL DIAGNOSIS CARDS SHOULD BE DULY COMPLETED WITH ALL THE NECESSARY COMPONENTS INCLUDING:
  - a. ADMISSION AND DISCHARGE DATES
  - b. PATIENT'S NAME, AGE AND SEX
  - c. ADMISSION COMPLAINTS
  - d. INVESTIGATIONS DONE
  - e. TREATMENT GIVEN AND THE PLAN ON DISCHARGE
  - f. DOCTOR'S RUBBER STAMP AND THE SIGNATURE

2.6. LAW AND DISPUTE RESOLUTION

THIS AGREEMENT SHALL BE GOVERNED BY AND CONSTRUED IN ALL RESPECTS IN ACCORDANCE WITH THE SUBSTANTIVE LAWS OF SRI LANKA.

IN THE EVENT OF ANY DISPUTE, CLAIM, QUESTION, OR DISAGREEMENT ARISING FROM OR RELATING TO THIS AGREEMENT OR THE BREACH THEREOF, THE PARTIES HERETO SHALL USE THEIR BEST EFFORTS TO SETTLE THE DISPUTE, CLAIM, QUESTION OR DISAGREEMENT. TO THIS EFFECT, THEY SHALL CONSULT AND NEGOTIATE WITH EACH OTHER IN GOOD FAITH AND RECOGNIZING THEIR MUTUAL INTERESTS, ATTEMPT TO REACH A JUST AND EQUITABLE SOLUTION SATISFACTORY TO BOTH PARTIES THROUGH COMPANY'S COMPLIANT HANDLING PROCEDURE.

IF PARTIES DO NOT REACH SUCH SOLUTION WITHIN A PERIOD OF THIRTY (30) DAYS OF SUCH DISPUTE BEING RAISED BY A PARTY HERETO, UPON NOTICE TO THE OTHER PARTY, SUCH CLAIM, QUESTION OR DIFFERENCE MAY BE REFERRED TO THE INSURANCE OMBUDSMAN OF SRI LANKA OR MAY THEN BE FINALLY RESOLVED THROUGH ANY COURT OF COMPETENT JURISDICTION HOLDEN IN COLOMBO.

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SUBJECT OTHERWISE TO THE TERMS EXCEPTIONS AND CONDITIONS OF THE EXISTING POLICY.

for and on behalf of FAIRFIRST INSURANCE

Issued on TBA\*

at UW-DIRECT POLICIES

Authorised Signature

\*TO BE ADVISED TO BE FILLED IN ONCE THE ORIGINAL POLICY DOCUMENT ISSUED.