

Senior Citizen's 'BAHUMANA' Insurance Policy



FAIRFIRST INSURANCE LIMITED

(Company No. PB5180)

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1 Welcome

Dear Valued Policyholder,

We are thrilled to present you with your very own Senior Citizen's 'BAHUMANA' Insurance Policy, thoughtfully designed for you.

Your decision to choose us to safeguard your well-being warms our hearts. As a leading insurer with a wealth of experience in serving individuals like you, we are keenly attuned to the distinctive needs of our senior policyholders.

Rest assured, we have a dedicated team of highly-trained and experienced professionals ready to provide you with exceptional underwriting and claims services, ensuring that you receive the utmost support and care.

We invite you to take a leisurely stroll through your policy and the accompanying schedule, making certain it aligns perfectly with your unique needs and expectations. If you ever have questions or require any assistance, please know that we are just a phone call away. Our mission is to make your insurance experience as smooth and enjoyable as possible.

Thank you for entrusting us with the privilege of looking after your insurance needs. We are here to serve you with a smile.

Warm regards,

Department Head/ CEO

2 The Insurance Contract

This Senior Citizen's 'BAHUMANA' Insurance Policy is a contract between You, our Policyholder and Us, Fairfirst Insurance Limited.

The proposal and declaration signed by You is the basis of contract. As you have agreed to pay the premium as stipulated in the premium warranty clause, we agree to cover you as set out in this Policy, in respect of event occurs during the Period of Insurance in accordance with the terms set out in this Policy.

3 Coverage

3.1 Personal accident benefits:

3.1.1 1A. Accidental death or Permanent total/Partial disablement

This section covers personal accident benefits. If, within 90 days of an accident, it is proven to us that the Policyholder's death or Permanent Total/Partial Disablement was solely and directly caused by that accident, we will provide compensation as stated in the Policy's terms and conditions. Please note that for the same accident, you cannot claim more than one benefit available under this section.

3.1.2 1B. Hospitalization due to Accidental Injury

If, you are admitted to a hospital due to an accidental injury, we pay the eligible expenses as stated in the Policy Schedule This includes charges such as admission fees, room and intensive care charges, administrative costs, and various medical expenses. We also cover surgeon's, anesthetist's, and consultant's fees, as well as specialist services like X-rays and physiotherapy. All of this is subject to the terms and conditions mentioned in your policy.

3.1.3 1C. Mobility assistance cover

We provide financial assistance to buy a wheelchair, crutches, or an artificial limb if a consultant physician recommends it for a period of six months or more due to an accident that happened during the Policy period. You are not entitling to a claim more than one time. for the same accident.

3.2 Medical and surgical supportive benefits

3.2.1 2A. Drugs and Diagnostic investigation benefit

We cover the expenses for drugs and diagnostic tests such as scans and x-rays when you are in an approved hospital due to illness or sickness.

3.2.2 2B. Hospital cash benefits

We provide a daily allowance if you are hospitalized in a registered private or government medical institution for up to 30 days due to illness or sickness.

Specific Exclusions applicable to Medical and surgical supportive benefits:

We will not pay for:

1. Hospitalizations shorter than 48 hours.
2. Any expenses incurred or hospitalization during the first 30 days from the start of your coverage.
3. Skin diseases, cosmetic surgeries, and treatments/ procedures such as removing abscesses, cysts, warts, breast lump removal, plastic/cosmetic surgeries, and physiotherapy.
4. Any expenses incurred or hospitalization related to pregnancy, childbirth, miscarriage, abortions, related conditions, contraceptives, infertility treatments, sexual dysfunction treatments, and procedures related to impotence or sterilization are not covered.

3.3 Funeral expenses benefits

We provide a lump sum payment in the unfortunate event of death, regardless of the cause. However, please note that specific age limits defined in the Policy apply.

4 General Exclusions

Our coverage does not provide compensation for any losses directly or indirectly caused, in whole or in part, arising from:

- 4.1. Aging of life, general weakness, sex change-related expenses, or menstrual disorders.
- 4.2. Attempted suicide or self-inflicted injuries, whether you are sane or not.
- 4.3. Use of illegal substance use, alcohol misuse, or intoxicating drugs. This includes accidents caused by excessive alcohol consumption or driving under the influence.
- 4.4. Injuries or illnesses from hazardous activities and adventure sports, such as scuba diving, motorcycling, parachuting, rock climbing, racing other than by foot, bungee jumping, and more. Professional sports are excluded unless agreed upon in writing by the Company.
- 4.5. Procedures like circumcision, vaginal membrane repair, weight reduction or gain treatments, and preventive measures.
- 4.6. Venereal diseases, AIDS, HIV-related illnesses, and any communicable diseases requiring legal quarantine.
- 4.7. Treatment or surgery for congenital abnormalities, hereditary conditions, or genetically predetermined conditions.
- 4.8. Hospital admissions for tests like regular check-ups, health assessments, or general screenings such as physical, laboratory, radiological, or instrumental examinations. It only covers these tests if they are specifically related to the treatment of a covered illness. However, angiograms are an exception and are covered.
- 4.9. From war, terrorist activities, participation in strikes or riots, and malicious acts.
- 4.10. Investigations or treatments for sleep disorders, snoring, or hormone replacement therapy.
- 4.11. Alternative therapy, their medical service, or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone-setting, herbalist therapy, massage or aroma therapy or other alternative, non-allopathic treatments.
- 4.12. Pre-existing conditions, epilepsy, mental or nervous disorders, and psychiatric conditions.
- 4.13. Aviation or aeronautics accidents, except when you are a fare-paying passenger on a recognized airline without duties on board.
- 4.14. Injuries related to military operations and combat.
- 4.15. Exposures to nuclear energy, including nuclear reactions, radiation, and contamination.
- 4.16. Poisoning, excluding infections occurring simultaneously with an accidental wound.

5 Definitions

- 5.1. **Accident or Accidental:** It is an unexpected, sudden, and specific event that happens at a particular time and place, independent of any other cause.
- 5.2. **Age or Aged** is the number of years you have lived up to the commencement date of this Policy.
- 5.3. **Consultant Physician or Consulting Specialist:** These are medical experts certified as Consultants by the Medical Council of Sri Lanka.
- 5.4. **Diagnostic Investigations:** These are medical procedures used to diagnose or rule out specific diseases.
- 5.5. **Drugs:** These are medications approved by the Drug Regulatory Authority of Sri Lanka for use in the country.
- 5.6. **Endorsement:** It is an authorized change to the policy.
- 5.7. **Hospital** means any institution established for Inpatient Care and Day Care treatment of Illness and/or Injuries and which has been registered as a Hospital with Private Health Regulatory Services Council (PHRSC) under the Private Medical Institution (Registration) Act no 21 of 2006 and complies with all minimum criteria as under:
- 5.8. **Hospitalization or Hospitalized** means admission in a hospital for a minimum of 48 In patient care consecutive hours and not applicable personal accident benefit.
- 5.9. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- 5.10. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, and visible and evident means which is verified and certified by a Medical Practitioner.
- 5.11. **Intensive Care:** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long-term impairment of Your health
- 5.12. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 5.13. **Medical Practitioner** means a person who holds a valid registration from the medical council of Sri Lanka and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. Medical Practitioner who is sharing the same residence with the You and is a member of Your family are not considered as Medical Practitioner under the scope of this Policy.

- 5.14. **Nominee** is the person legally chosen to receive benefits under this Policy in the event of your death.
- 5.15. **Nursing Home** means an institution providing in house nursing care for at least six patients with emergency medical equipment and supplies with suitable in-house staff and necessary staff quarantine.
- 5.16. **Period of Insurance:** Period starting and ending on those dates shown in your Policy Schedule, and for any period the Policy is renewed by us.
- 5.17. **Policy:** The Schedule or Insurance Certificate, your statements in the Proposal form, the Information Summary Sheet, and the policy wording, including any Endorsements.
- 5.18. **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which You had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, prior to this policy issued by us.
- 5.19. **Surgery** means manual and/or operative procedure(s) required for treatment of an Illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care center by a Medical Practitioner.
- 5.20. **Permanent Partial Disablement:**

	RESULT	COMPENSATION Percentage of Capital Sum Per Insured Person (%)
(1)	Loss of sight except for perception of light of one eye, each	50
(2)	Irreplaceable Loss of lens of one eye, each	50
(3)	Loss of four fingers and thumb of one hand	50
(4)	Loss of four fingers of one hand	40
(5)	Loss of thumb - both phalanges	25
(6)	one phalanx only	10
(7)	Loss of index finger - three phalanges	15
(8)	two phalanges only	8
(9)	one phalanx only	4
(10)	Loss of middle finger - three phalanges	10
(11)	two phalanges only	4
(12)	one phalanx only	2
(13)	Loss of ring finger - three phalanges	10
(14)	two phalanges only	4
(15)	one phalanx only	2
(16)	Loss of little finger - three phalanges	7
(17)	two phalanges only	3
(18)	one phalanx only	2
(19)	Loss of all toes of one foot	17
(20)	Loss of great toe - one or two phalanges	5
(21)	Loss of toes other than the great toe, if more than one toe is lost, each	3

(22)	Loss of hearing (excluding Noise-Induced Deafness)	
(23)	Both ears	75
(24)	One ear only	15
(25)	Loss of Speech	50

5.21. **Permanent Total Disablement:**

	RESULT	COMPENSATION Percentage of Capital Sum Per Insured Person (%)
(1)	Any other Accidental Injury causing Your total paralysis or causing You to be permanently bedridden	100
(2)	A. Loss of sight of one or both eyes	100
(3)	Loss of one or two Limb(s)	100
(4)	Loss of one Limb and Loss of sight of one eye	100

5.22. **Proposal:** It is the application form completed and signed by You, providing all material information to the us.

5.23. **Treatment** means any, medical care tests, medication, or stay in Hospital which

- a. Is required for the medical management of the Illness or injury suffered by the Insured Person
- b. Must not exceed the level of care necessary to provide safe, adequate, and appropriate medical care in scope, duration, or intensity.
- c. Must have been prescribed by a Medical Practitioner.
- d. Must conform to the professional standards widely accepted in medical practice in Sri Lanka.

5.24. **Sum Insured:** This is the maximum amount the Company is liable to pay in a year.

5.25. **We/ Our/ Us:** Fairfirst Insurance Limited

5.26. **You/ Your/ Policyholder :** The Insured named in the Schedule, who has concluded this Policy with Us.

6 General Terms and Conditions

- 6.1. Notice: All communication to us must be in writing.
6.2. Age limits

Benefit	Age of Entry	Benefit Termination Age
1. Personal accident benefits 1A. Accidental death or Permanent total/Partial disablement 1B. Hospitalization due to Accidental Injury 1C. Mobility assistance cover	50 – 74	90
2. Medical and surgical supportive benefits 2A. Drugs and Diagnostic investigation benefit 2B. Hospital cash benefits	50 – 74	75
3. Funeral expenses benefits	50 - 74	75

- 6.3. Termination of Insurance: This insurance ends automatically when any of the following happens:
- You turns 90 years old
 - Upon your death
 - Non-payment of the Premium.
- 6.4. Geographical Territory: All benefits under this Policy apply only in Sri Lanka unless the Schedule specifies otherwise.
- 6.5. Excess: We deduct any excess as specified in the Schedule from the eligible claim expenses.
- 6.6. Claim Procedure: You shall inform us in writing 45 days of an insured event that incurs claimable benefits. We shall settle the claim upon receipt of the required documents.
- 6.7. If we need any certificates, information, medical reports, or evidence, you will need to provide them, and you may have to cover the expenses. These documents should be in the format preferred by us. If we require you to provide any notices, they should be in writing and sent to the us.
- 6.8. If we believe a medical examination is necessary, we will cover the expenses for it, and you will need to cooperate when requested.
- 6.9. Pre-existing Ailments: You must tell us about any diseases or illnesses that existed before this Policy started. We will not cover claims related to these unless we have agreed in writing to cover them.
- 6.10. Reasonable Care: You should take reasonable precautions to avoid accidents, diseases, or illnesses.

- 6.11. Cancellation: We can cancel this policy by sending you a registered letter with seven days' notice to your last known address. In that case, you will get back a portion of the premium for the remaining insurance period. You can also cancel the policy if no claims have been made during the current period, by giving seven days' notice. You will receive a refund of the premium, minus the short period rate for the time the policy was active.
- 6.12. The refund of premium on cancellation by either party is subject to no claims lodged with us during the period the insurance was in force.
- 6.13. Receipts: Payments of Premium are considered made only when you receive a printed receipt signed by an authorized Company officer.
- 6.14. Renewal: The Policy is for one (1) year. The Policyholder has a right to renew the Policy on the terms and conditions applicable at the time of Policy anniversary upon full payment of Premium. This is provided if the Policy is still in force and plan is still available. The Premium rates are not guaranteed, and the Premium payable will be determined and informed to the Policyholder at the start of each Policy anniversary based on the Policyholder's or the Insured Person's attained age as well as any other material facts affecting the risks insured. The Company will notify the Policyholder if there are any changes on the Premium amount during the Policy Year to reflect any changes in insurance Premium tax or other taxes.
- 6.15. Dispute Resolution: If there is a disagreement or issue related to this agreement, both parties will make their best efforts to resolve it. We will discuss and negotiate in good faith, aiming to find a fair and agreeable solution that satisfies both sides.
- 6.16. If, within 60 days, we cannot reach a resolution, either party can notify the other, and the matter may be referred to an insurance ombudsman. Additionally, we may choose to involve an arbitrator, with your consent, following the legal procedures related to arbitration, as per statutory provisions.
- 6.17. Insurance with Other Insurers: You should tell us if you have any other medical insurance during this Policy's term.
- 6.18. Misrepresentation/Fraud: If your Proposal or declaration is untrue in any way, or if you provide incorrect information, or if you obtain this insurance through deception, or if you make a fraudulent or exaggerated claim, or if you provide false information to support a claim, the Policy becomes void.
- 6.19. Alterations: We may update the terms and conditions of this policy, but we will provide a 30-day notice in writing by regular mail to your last known address as per our records. These updates will come into effect at the next policy renewal. Any changes to the policy must be authorized by us and endorsed on the policy for them to be valid.
- 6.20. Governing Law: This Policy is issued and governed by the law of the Democratic Socialist Republic of Sri Lanka.
- 6.21. Observance of Terms and Conditions: To ensure our responsibility to make payments under this policy, it is crucial for you to follow and fulfill the terms, conditions, and endorsements mentioned in this policy.

7 Claim Documentation

7.1 1. Personal Accident Benefits

7.1.1 1A - Accidental Death or Permanent Total/Partial Disablement

7.1.1.1 For Accidental Death

- Completed claim form.
- Death certificate.
- Medical practitioner's report
- Police report if applicable.
- Proof of age and identity for the deceased.
- Hospital reports, if applicable.
- Any other documents requested by us.

7.1.1.2 For Permanent Total/Partial Disablement

- Complete the claim form.
- Hospital reports.
- Hospital discharge certificate.
- Certification of disability from the relevant medical practitioner.
- Proof of age and identity for the claimant.
- Police report if applicable.
- Add other documents requested by us.

7.1.2 1B - Hospitalization for Accidental Injury

- Completed the claim form.
- Diagnosis card issued by the Hospital.
- Original hospital final bills.
- Original payment receipts.
- Admission letter from the consultant.
- Break down the costs for drugs, investigations, and procedures.

7.1.3 1C - Mobility Assistance Cover

- Completed the claim form.
- Prescription from the relevant medical practitioner for relevant item.
- Purchase receipt for the item.

7.2 Medical and Surgical Supportive Benefits

7.2.1 2A - Drugs and Diagnostic Investigation Benefit

- Completed claim form.
- Doctor's prescription letter.
- Relevant payment receipts.

- Diagnosis card proving admission.

7.2.2 2B - Hospital Cash Benefits

- Completed claim form.
- Doctor's report.
- Document from the hospital stating the date of admission and discharge.
- Police report if applicable.

7.3 Funeral Expenses Benefit:

- Same as for Accidental Death in 1A above.

8 Your grievances and concerns

At Fairfirst Insurance, we are dedicated to promptly resolving your claims to your utmost satisfaction. However, in the rare event that you are not content with our services, we want to ensure your concerns are addressed:

8.1 Initial Contact

- You can contact us at 112 428 428 to discuss your appeal.
- Alternatively, you can submit your complaint in writing to our address: Access Towers II (14th Floor), No. 278/4, Union Place, Colombo 02.

8.2 Escalation

- If your concerns are not adequately addressed and you remain dissatisfied, you have the option to escalate the matter to our Head of Risk & Compliance. They will make every effort to resolve your issue.

8.3 Contacting Us

- In person: You can visit your nearest Fairfirst branch and speak with the Branch Manager. Alternatively, you may visit our Head Office and discuss your concerns with the Customer Complaints Officer.
- By mail: Send your complaint in writing to the following address: Customer Complaints Officer Fairfirst Insurance Limited Access Towers II (14th Floor), No. 278/4, Union Place, Colombo 02.
- By phone: You can reach our Customer Complaint Officer at +94 11 242 8282. Our phone lines are open daily from 8:30 a.m. to 5:00 p.m.

Please note that for customer care purposes, your calls may be recorded to better understand your needs and provide you with the best service.