



FAIRFIRST INSURANCE LIMITED

(Company No. PB5180)

Access Towers II (14th Floor), No. 278/4, Union Place, Colombo 02, Sri Lanka.

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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 are covered, for a maximum period of 30 nights in one year, excluding first night.

1 Benefit limits for prepaid & post-paid customers

1.1 Limits

Coverage is limited to a maximum of 30 nights of hospitalization per policy year excluding first night.

1.2 Daily allowances and premiums limits

Refer annexure 01 for table of benefits & daily premiums.

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 (Refer as annexure 01), subject to complying with all the listed benefit triggers.

Premium including Service Fee	No of days covered	Dengue cash grant
LKR 78.60 TO LKR 157.20	16 to 30 or 31 days	LKR 12,500
LKR 01.00 TO LKR 78.60	01 to 15 days	LKR 6,250

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

Claims related to pandemic and epidemic are limited as below with effect from 01st February 2021:

Tiers	Daily Allowance Per night	Limit Per Annum spent
Tier 1	LKR. 1,200.00	10,000.00
Tier 2	LKR. 4,000.00	12,000.00
Tier 3	LKR. 6,500.00	14,000.00

1.4 Extended benefits for post-paid customer

PREMIUMS WILL BE APPLICABLE FORM 01ST OF JANUARY 2023

Premium including Service Fee (EXCL. TAXES)					
Product Tier	Per Main Policy	Per Spouse	Per Child	Daily Allowance Per Night Spent	Annual Limit
BASIC	LKR.157.20	LKR. 103.22	LKR. 79.40	LKR. 1,200.00	LKR. 36,000.00
SILVER	LKR. 438.70	LKR. 291.38	LKR. 230.54	LKR. 4,000.00	LKR. 120,000.00
GOLD	LKR. 682.42	LKR. 456.54	LKR. 365.85	LKR. 6,500.00	LKR. 195,000.00

2 Enrollment 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 20th 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

3.3.1 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

3.3.2 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

3.4 Eligibility & Enrollment

The Policyholder must be, aged between eighteen (18) years up to age sixty five (65 (effective on or before 31st March 2023)) or aged between eighteen (18) years up to age sixty (60 (effective from 1st April 2023)), at the time of registration through subscriber number to be covered under this Policy if accepted by the Company.

3.5 Premium Payments

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

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 20th 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 Company reserves the right to amend the terms and provisions of this policy by giving a 30 day prior notice in writing by ordinary post to the Policyholder's last known address in the Company's records or by sending SMS to the Policyholder.

3.9 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.

3.10 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.

3.11 Currency of the Payments

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

3.12 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.

3.13 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.

3.14 Exclusions

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

3.14.1 Complications in pregnancy, childbirth or birth control are only covered after 09 months from the enrollment date with the continuous payment for 09 months.

3.14.2 Cosmetic treatments/ surgeries

3.14.3 Pre-existing ailments effective from 20th March 2023 for all subscribers

3.14.4 Ayurvedic treatments effective from 1st September 2023 for all subscribers

3.14.5 First night stay effective from 1st September 2023 for all subscribers.

3.15 Cancellation

This policy either in its entirety or in respect of any Insured Person may be canceled at any time by the Company, by notice to the Policy Holder, returning to the Insured Persons via BIMA Lanka Insurance Brokers (Pvt) Ltd the last premium paid for the Policy in its entirety. Should the Insured Person fail to pay the premium for more than 60 days, he/she will be automatically discontinued from the Policy.

By like notice to the Company, the Policy Holder may at any time cancel the Policy in which case the Company will retain the premium for the time the Policy has been in force. If any claim has been paid by the Company during the current period of insurance, no refund premium shall be due to the Policy Holder/Insured Person.

3.16 Law and Dispute Resolution Clause

In the event of any dispute, claim, question, or disagreement arising from or related to this agreement, including any alleged breach, the parties agree to make every effort to resolve the matter amicably. This includes consulting and negotiating in good faith, recognizing their mutual interests, and seeking a fair and satisfactory resolution through the Company's Complaint Handling Procedure available on our website at <https://www.fairfirst.lk/customer-complaints/>.

If the parties are unable to reach a resolution within sixty (60) days from the date the dispute is raised, the matter may, upon written notice to the other party, be referred to:

- The Insurance Ombudsman of Sri Lanka,
- The Insurance Regulatory Commission of Sri Lanka (IRCSL), or
- Arbitration, in accordance with the statutory provisions governing arbitration in Sri Lanka.

Additionally, the parties may choose to resolve the matter through a court of competent jurisdiction. This agreement is governed by and shall be interpreted in accordance with the substantive laws of Sri Lanka.

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/You/Your** 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 enrollment 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 clauses 1.2 & 1.4
- 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.

5 How we use personal information

At Fairfirst Insurance Limited, we are committed to safeguarding the privacy of our customers, claimants, and third-party contacts. The personal information we collect may include contact details, financial and account information, credit references, medical or health data (with your consent where required), and any other information provided or obtained in connection with our relationship.

Your personal information may be used for the following purposes:

- Insurance administration, including communications, claims processing, and payment
- Assessment and decision-making regarding insurance terms and claim settlements
- Prevention, detection, and investigation of fraud, money laundering, and other crimes
- Establishment and defense of legal rights
- Compliance with legal and regulatory obligations
- Monitoring and recording of telephone calls for quality, training, and security
- Market research and analysis

For these purposes, your information may be shared with our group companies, insurance brokers, reinsurers, healthcare professionals, and service providers. If required by law, we may also disclose information to government authorities or other third parties. Personal details may be recorded in industry-wide claims registers to prevent fraud or validate claims history.

6 Claims process:

6.1 Claim Submission Timeline:

6.1.1 Submit all hospitalization claims within 90 days of discharge from the hospital. Timely submission is essential to avoid any delays or issues with the claim.

6.2 Claim Processing

6.2.1 Notification Upon Discharge: Once discharged from the hospital, you must inform the insurance provider through BIMA Lanka Insurance Brokers (Pvt) Ltd by calling their customer support line at 1343.

6.2.2 Assistance from Agent: A customer support agent will assist the subscriber with claim-related queries and guidance. This support is available from 8:00 a.m. to 5:00 p.m.

6.2.3 Proof of Claim: Provide the cause of hospitalization and relevant documentation to substantiate the claim. Claims will be processed within three working days of receiving all required documents.

6.2.4 Daily Allowance: A daily allowance is provided during the hospitalization period based on the premium level paid. This allowance is subject to a maximum annual limit.

6.2.5 Claim Intimation by BIMA: The BIMA call center will initiate the claim processing based on the subscriber's premium deductions.

6.2.6 Extended Processing Time for Special Cases: If there are disputes or unique circumstances, claim processing may take up to ten days.

6.2.7 Document Collection by BIMA: BIMA will follow up with the customer to collect all required claim-related documents and ensure they are complete.

6.2.8 Submission to Fairfirst Insurance: BIMA will submit the collected documents to Fairfirst Insurance Limited for final processing.

6.2.9 Claim Settlement Notification: Fairfirst Insurance will inform BIMA once the claim has been settled. BIMA will then communicate the claim status to the subscriber.

6.3 Claim Limits

6.3.1 Dengue Cash Grant: Only one Dengue Cash Grant is payable per policyholder per year.

6.4 Documentation Requirements

6.4.1 Required Information: You must provide all necessary certificates, information, and supporting evidence for the claim, bearing any costs associated with obtaining these documents.

6.5 Claim Documentation

Submit the following documents to initiate claim processing:

6.5.1 General Documents:

- Completed claim form
- Diagnosis card from the hospital
- Proof of identification (e.g., ID card)
- Proof of enrolment in the policy

6.5.2 Additional Documentation for Specific Claims:

- Dengue Cash Grant: NS1 antigen report or an official diagnosis confirmation from a government facility.
- Pandemic/Epidemic Coverage (e.g., COVID-19): Diagnosis card, PCR/Antigen test report, and proof of identification.

Note: All documents must be complete and accurate to start the claim process smoothly.

7 Your grievances and concerns

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. Please contact 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.

Annexure I

A No of successfully deducted days

B Following month cover

January		February		*February- Leap year		March		April		May		June		July		August		September		October		November		December	
A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B
31	1,200	28	1,200	29	1,200	31	1,200	30	1,200	31	1,200	30	1,200	31	1,200	31	1,200	30	1,200	31	1,200	30	1,200	31	1,200
30	1,161	27	1,157	28	1,159	30	1,161	29	1,160	30	1,161	29	1,160	30	1,161	30	1,161	29	1,160	30	1,161	29	1,160	30	1,161
29	1,123	26	1,114	27	1,117	29	1,123	28	1,120	29	1,123	28	1,120	29	1,123	29	1,123	28	1,120	29	1,123	28	1,120	29	1,123
28	1,084	25	1,071	26	1,076	28	1,084	27	1,080	28	1,084	27	1,080	28	1,084	28	1,084	27	1,080	28	1,084	27	1,080	28	1,084
27	1,045	24	1,029	25	1,034	27	1,045	26	1,040	27	1,045	26	1,040	27	1,045	27	1,045	26	1,040	27	1,045	26	1,040	27	1,045
26	1,006	23	986	24	993	26	1,006	25	1,000	26	1,006	25	1,000	26	1,006	26	1,006	25	1,000	26	1,006	25	1,000	26	1,006
25	968	22	943	23	952	25	968	24	960	25	968	24	960	25	968	25	968	24	960	25	968	24	960	25	968
24	929	21	900	22	910	24	929	23	920	24	929	23	920	24	929	24	929	23	920	24	929	23	920	24	929
23	890	20	857	21	869	23	890	22	880	23	890	22	880	23	890	23	890	22	880	23	890	22	880	23	890
22	852	19	814	20	828	22	852	21	840	22	852	21	840	22	852	22	852	21	840	22	852	21	840	22	852
21	813	18	771	19	786	21	813	20	800	21	813	20	800	21	813	21	813	20	800	21	813	20	800	21	813
20	774	17	729	18	745	20	774	19	760	20	774	19	760	20	774	20	774	19	760	20	774	19	760	20	774
19	735	16	686	17	703	19	735	18	720	19	735	18	720	19	735	19	735	18	720	19	735	18	720	19	735
18	697	15	643	16	662	18	697	17	680	18	697	17	680	18	697	18	697	17	680	18	697	17	680	18	697
17	658	14	600	15	621	17	658	16	640	17	658	16	640	17	658	17	658	16	640	17	658	16	640	17	658
16	619	13	557	14	579	16	619	15	600	16	619	15	600	16	619	16	619	15	600	16	619	15	600	16	619
15	581	12	514	13	538	15	581	14	560	15	581	14	560	15	581	15	581	14	560	15	581	14	560	15	581
14	542	11	471	12	497	14	542	13	520	14	542	13	520	14	542	14	542	13	520	14	542	13	520	14	542
13	503	10	429	11	455	13	503	12	480	13	503	12	480	13	503	13	503	12	480	13	503	12	480	13	503
12	465	9	386	10	414	12	465	11	440	12	465	11	440	12	465	12	465	11	440	12	465	11	440	12	465
11	426	8	343	9	372	11	426	10	400	11	426	10	400	11	426	11	426	10	400	11	426	10	400	11	426
10	387	7	300	8	331	10	387	9	360	10	387	9	360	10	387	10	387	9	360	10	387	9	360	10	387
9	348	6	257	7	290	9	348	8	320	9	348	8	320	9	348	9	348	8	320	9	348	8	320	9	348
8	310	5	214	6	248	8	310	7	280	8	310	7	280	8	310	8	310	7	280	8	310	7	280	8	310
7	271	4	180	5	207	7	271	6	240	7	271	6	240	7	271	7	271	6	240	7	271	6	240	7	271
6	232	3	180	4	180	6	232	5	200	6	232	5	200	6	232	6	232	5	200	6	232	5	200	6	232
5	194	2	180	3	180	5	194	4	180	5	194	4	180	5	194	5	194	4	180	5	194	4	180	5	194
4	180	1	180	2	180	4	180	3	180	4	180	3	180	4	180	4	180	3	180	4	180	3	180	4	180
3	180	0	-	1	180	3	180	2	180	3	180	2	180	3	180	3	180	2	180	3	180	2	180	3	180
2	180	0	-	0	-	2	180	1	180	2	180	1	180	2	180	2	180	1	180	2	180	1	180	2	180
1	180	0	-	0	-	1	180	0	-	1	180	0	-	1	180	1	180	0	-	1	180	0	-	1	180