



FAIRFIRST INSURANCE LIMITED
 Access Towers II (14th Floor), No. 278/4, Union Place,
 Colombo 02, Sri Lanka
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Insurance Product Information Document (IPID) Combine SME Medical Expenses Policy

This document is a summary of the key features of your group insurance policy. It does not contain the full terms and conditions. You must read your full Policy Document, Schedule, and any Endorsements for complete details.

1 Type of insurance cover:

The Group Medical Insurance Policy designed specifically for Small and Medium-sized Enterprises (SMEs). It provides financial cover for necessary and reasonable medical expenses your employees (and their eligible dependents) incur due to accidental injuries or illnesses.

2 Key Benefits (What is Covered)

Your organization's specific coverage and benefit limits are detailed in your Policy Schedule and Table of Benefits.

- 2.1 **Hospitalization (Inpatient Care):** We cover the costs when an insured person is admitted to a hospital for more than 24 hours for treatment.
- 2.2 **Day Care Treatment:** We cover costs for specified medical or surgical procedures that, due to medical advancements, require less than 24 hours in a hospital (Definition 2.9).
- 2.3 **Outpatient (OPD) Treatment (Optional):** Covers consultations with a medical practitioner and prescribed medicines that do not require hospital admission (Definition 2.26).
- 2.4 **Pre & Post-Hospitalization:** We cover medical expenses incurred up to **7 days before** admission and up to **7 days after** discharge for the same condition (Definition 2.38, 2.39).
- 2.5 **Pregnancy & Childbirth (Optional):** After a 12-month waiting period, we cover costs for normal delivery and medically necessary C-sections. This benefit is available for family units only (Definition 2.31).
- 2.6 **Spectacles:** Costs for prescribed eyewear can be covered, depending on your selected plan (Definition 2.37).
- 2.7 **Plan Options**
- 2.8 **Expanded Hospital Network:** The standard plan has a select hospital network. You can choose to include premier private hospitals (like Asiri, Durdans, Lanka, Hemas, etc.) for an additional premium (Section 4.21).

3 Key Exclusions (What is NOT Covered)

- 3.1. **Initial Waiting Period:** Hospitalization due to **illness** is not covered during the **first 30 days** of the policy. Treatment for accidents is covered from day one (Section 4.1).
- 3.2. **Specific Hospital Network:** Treatment at certain premier private hospitals is excluded unless you have specifically chosen to include them in your plan for an additional premium (Section 4.21).
- 3.3. **Congenital Conditions:** Any illness, defect, or condition that has been present from birth (Section 4.7).
- 3.4. **Cosmetic & Elective Surgery:** Treatments to improve appearance (e.g., plastic surgery) are not covered unless required due to an accident (Section 4.3).
- 3.5. **Self-inflicted Harm & Substance Abuse:** Conditions resulting from attempted suicide or the misuse of drugs or alcohol (Section 4.8).
- 3.6. **Certain Medical Conditions:** We do not cover treatments for HIV/AIDS, STDs, infertility, psychiatric or mental disorders, or sleep disorders (Section 4.9, 4.11, 4.13).
- 3.7. **High-Risk Activities:** Injuries from participating in hazardous activities or professional sports are not covered unless specifically agreed upon (Section 4.14).
- 3.8. **Non-Allopathic Treatment:** Treatments like aromatherapy, acupuncture, or nature care are not covered (Section 4.15).

For a full list, please read Section 4 (General Exclusions) in your Policy Document.

4 How do I pay my premium?

Premiums are typically paid Annually. Your organization can make payments via bank transfer, cheque, or other agreed-upon methods. A premium is only considered paid upon receiving an official receipt from us.

5 Why is it important to have nominees/beneficiaries?

This policy pays benefits to you (the employer) to reimburse medical costs, or directly to the hospital via the cashless facility. A nominee is not required for claim payments.

6 What are your responsibilities? (Your Duty of Disclosure)

As the policyholder, your organization has a duty to be truthful and transparent with us.

- 6.1. When you buy or renew the policy: You must provide complete and accurate information about your business, employees, and any relevant health conditions. You must also inform us of any other active medical insurance policies covering your employees (Section 3.3, 3.7, 3.8).
- 6.2. During the policy period: You must ensure that insured employees take reasonable precautions to prevent illness and accidents (Section 3.4).

Failing to meet these obligations can result in your policy being cancelled or claims being rejected.

7 How do I make a claim?

- 7.1. **Step 1: Notify Us Promptly**
 - a. You must inform us of any potential claim within 7 days of the event (e.g., accident or start of illness).
 - b. For planned hospitalization, pre-authorization is required to use the cashless facility at our empaneled hospitals.
- 7.2. **Step 2: Get and Submit the Claim Form**
 - a. The claim form and all required original documents must be submitted within 30 days after hospital discharge or within 60 days from the start of the injury/illness.
 - b. Required Documents Include: Completed claim form, doctor's prescription, and all original hospital bills, payment receipts, and the discharge summary.
- 7.3. **Step 3: Settlement**
 - a. Once all required documents are received, we will settle the claim within 7 working days.
- 7.4. **Key Contact Details for Claims (from Section 6):**
 - a. Claims Hotline & Inquiries: 011 2 428 428
 - b. Email for Claims Submission: medicalclaim@fairfirst.lk
 - c. Physical Submission: Fairfirst Insurance Limited, Access Towers II (14th Floor), 278/4, Union Place, Colombo 02.

For full details, please refer to Section 6 (Claims handling procedure) in your Policy Document.

8 Complaints and Grievance Handling

- 8.1. **Step 1 – Contact Fairfirst Insurance:**

☎ +94 11242 8282 (8:30 a.m. to 5:00 p.m.)
✉ info@fairfirst.lk

You may escalate concerns to Fairfirst's Risk & Compliance team.
- 8.2. **Step 2 – External Escalation (if unresolved):**
 - a. Insurance Regulatory Commission of Sri Lanka (IRCSL)
☎ +94 11 2335167 | ✉ info@ircsl.gov.lk | 🌐 www.ircsl.gov.lk
 - b. Insurance Ombudsman
☎ +94 11 2505542 / +94 11 2505041 | ✉ info@insuranceombudsman.lk | 🌐 www.insuranceombudsman.lk

9 Contact Us for More Information

Fairfirst Insurance Limited

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

☎ 011-2428428 | ✉ info@fairfirst.lk | 🌐 www.fairfirst.lk

10 Other Important Information

- 10.1. **Cancellation:** We can cancel the policy by providing registered notice, with a pro-rata refund of the premium. You can also cancel the policy at any time; any refund will be calculated on a short-period basis and is only applicable if no claims have been made during the policy period (Section 3.6).
- 10.2. **Reasonable & Customary Charges:** We cover medical fees that are standard for the treatment in that geographical area. If a provider charges significantly more than the standard market rate, reimbursement will be limited to the reasonable and customary amount (Definition 2.23).
- 10.3. **Claim Time Limit:** Legal action or arbitration for any claim must be started within 12 months of the event (Section 3.9).