FAIRFIRST INSURANCE LIMITED
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Insurance Product Information Document (IPID)
Worldwide Healthcare Insurance Policy

This document is a summary of the key features of your 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 **World Wide Health Care Insurance Policy** is designed to cover the costs of medically necessary treatment you receive for illnesses and accidents, both in a hospital (inpatient) and as a walk-in patient (optional outpatient), within your chosen geographical area and up to your selected plan limit.

2 Key Benefits (What is Covered)

2.1. **Inpatient & Daycare Treatment:** We cover costs when you are admitted to a hospital, including:
2.2. A standard private single room (as per Section A.1).
2.3. Surgery, operating theatre, ICU, doctor's fees, nursing care, prescribed drugs, and diagnostic tests.
2.4. **Cancer Treatment & Kidney Dialysis:** Covered for both inpatient and outpatient settings (Section C.1, C.2).
2.5. **Emergency Medical Evacuation & Repatriation:** We cover the cost to move you to a suitable medical facility or back to Sri Lanka if medically necessary and pre-approved by us. This also includes the repatriation of mortal remains (Section D).
2.6. **Emergency Treatment Outside Your Cover Area:** If you have a medical emergency while travelling on a short trip (under 90 days) outside your chosen geographical zone, treatment is covered up to the limit specified in your plan (Section A.11).
2.7. **Accidental Emergency Treatment:** We cover outpatient treatment for injuries following an accident and emergency dental treatment for sound, natural teeth damaged in an accident (Section B).
2.8. **Maternity Benefits:** For pregnancy, childbirth, and newborn care, after a 12-month waiting period (not available on all plans, see Section E).

3 Optional Add-on Benefits (If you have selected and paid for them)

3.1. **Outpatient Benefits:** Covers specialist consultations, prescribed drugs, tests, and a wellness benefit for routine health screenings (Section F).
3.2. **Dental and Vision Benefits:** Covers routine dental treatment and costs for eye tests and prescription glasses/contact lenses, after a waiting period (Section G).

4 Key Exclusions (What is NOT Covered)

4.1. **Pre-existing Conditions:** Any illness or injury you had, knew about, or received treatment for before the policy started, unless you declared it and we accepted it in writing (Section 4.1).
4.2. **Specific Waiting Periods:** You must be continuously covered for a period of time before claiming for:
4.3. **Maternity:** 12 months (Section E)
4.4. **Inpatient Psychiatric Treatment:** 10 months (Section A.4)
4.5. **Dental (Optional):** 180 days (Section G.1)
4.6. **Vision (Optional):** 90 days (Section G.2)
4.7. **Self-inflicted Harm & Substance Abuse:** Injuries from attempting suicide, breaking the law, or illness caused by alcohol or drug abuse (Section 4.3, 4.5).
4.8. **Cosmetic Surgery:** Procedures to change appearance, unless needed for reconstruction after an accident or cancer (Section 4.8).
4.9. **Dangerous Activities:** Injuries from professional sports or high-risk activities like mountaineering, bungee jumping, or scuba diving deeper than 10 meters (Section 4.4).
4.10. **Non-essential & Experimental Treatments:** Rest cures, unproven treatments, and personal comfort items like TVs or guest meals (Section 4.12, 4.14, 4.35).
4.11. **Fertility & Sexual Health:** Treatment for infertility, voluntary termination of pregnancy, and sexually transmitted diseases (STDs), including HIV/AIDS (Section 4.23, 4.24, 4.26).
4.12. **War & Sanctioned Countries:** We do not cover claims arising from war or provide cover in countries under international economic sanctions (Section 4.49, 5.13).

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

5 How do I pay my premium?

You can pay your premium **Annually**. Payment can be made via methods such as cash, cheque, credit/debit card, or bank transfer. The premium must be paid in full before your policy cover starts or renews.

6 Why is it important to have nominees/beneficiaries?

This cover is designed to **reimburse** medical expenses you have paid or to cover the direct costs of services, such as the **Repatriation of Mortal Remains**. These are not cash benefits paid to a next of kin or family member. The policy pays for the *service* itself and does not provide a monetary death benefit, appointing a **nominee is not required** for this policy

7 What are my responsibilities? (Your Duty of Disclosure)

You have a duty to provide us with honest, accurate, and complete information at all times.

7.1. **When you buy or renew the policy:** You must tell us about any and all medical conditions, symptoms, or treatments you or any insured person has had in the past (these are called 'pre-existing conditions'). This information affects our decision to provide cover.

7.2. **During the policy period:** You must inform us immediately of any significant changes, such as a change in your country of residence or adding a new family member.

7.3. Failing to disclose this information can lead to your policy being cancelled, claims being rejected, or your cover terms being changed. (Refer to Sections 2, 5.5.3, and 5.11 of the Policy Document).

8 How do I make a claim?

The claims process is managed both locally by Fairfirst and overseas by our partner, Paramount Healthcare.

8.1. **Step 1: Get Pre-authorization (For Planned Treatment)**

a. For all non-emergency hospital admissions (Inpatient/Daycare), surgeries, advanced scans (MRI/CT), and cancer treatments, you **must** contact us for approval at least **10 working days** before the treatment.

b. This allows us to confirm your cover and, where possible, arrange for **Direct Billing (a "cashless" service)** with the hospital.

c. Failure to get pre-authorization may result in your claim being rejected or only partially paid.

8.2. **Step 2: Notify Us in an Emergency**

a. In a medical emergency requiring hospital admission, you or your family must contact us within **72 hours** of admission.

8.3. **Step 3: Submit Your Claim Documents**

a. If you paid for the treatment yourself (reimbursement), you must submit a completed claim form and all original bills, receipts, and medical reports to us within **30 days** of treatment.

b. You can submit claims online via our portal or physically at our office.

8.4. **Key Contact Details for Claims & Pre-authorization (from Section 7.6):**

a. **For Treatment in Sri Lanka:**
Hotline: **011 2 428 428** Email for pre-auth: **worldwidehealth@fairfirst.lk**

b. **For Treatment Overseas:**
Paramount Helpline: **+91 22 40 004 219** / **+91 22 40 004 203**
U.S. Toll-Free: **+1 866 978 5205** WhatsApp: **+91 77 18 806 681**
Email for pre-auth: **travelhealth@paramount.healthcare**

For full details, please refer to Section 7 (Claims) in your Policy Document.

9 Complaints and Grievance Handling

9.1. **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.

9.2. **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

10 Contact Us for More Information

Fairfirst Insurance Limited
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11 Other Important Information

11.1. **Cancellation:** You have a **14-day "free-look" period** from the date you receive your new policy to cancel it for a full refund, provided no claims have been made. After this period, you can still cancel, but the refund will be calculated on a "short-rate" basis and only if no claims have been paid (Section 5.9.2).

11.2. **Renewal:** Your policy is for one year. At renewal, your premium may be adjusted based on your age and claims history. We reserve the right to change policy terms or not offer renewal (Section 5.6).

11.3. **Reasonable & Customary Charges:** We pay for medical charges that are considered normal and typical for a specific treatment in a specific location. If a hospital's charges are higher than this standard, you will have to pay the difference (Section 3.1 & 6.26).