

It is agreed by the Policyholder, that the Policyholder has read and understood the terms and conditions herein.

TELEHEALTH INSURANCE POLICY

Medical Insurance Policy for Sri Lanka Telecom PLC (SLT) Subscribers

THE POLICYHOLDER, by a proposal and declaration, has applied to CEYLINCO GENERAL INSURANCE LIMITED (hereinafter called the 'Company') for the Insurance contained in this Policy, Policy Schedule, Benefits and Endorsements incorporated herein (hereinafter referred to as the 'Policy'), and has paid or agreed to pay the Insurance Fee as consideration for such Insurance.

CEYLINCO GENERAL INSURANCE LIMITED, subject to the terms, conditions, limitations, exclusions and definitions contained in this Policy, Policy Schedule, Table 01 : Benefits and any Endorsements herein, will indemnify the Policyholder during the Period of Insurance for Hospitalization benefit in the manner and to the extent hereinafter provided.

The information provided by the Policyholder and this Policy, Policy Schedule, Table 01: Benefits and any Endorsements incorporated herein and issued by CEYLINCO GENERAL INSURANCE LIMITED, shall be read jointly as one Insurance document and shall form the basis of this contract.

IN WITNESS WHEREOF THIS POLICY HAS BEEN signed at..... on this.....day of

.....Two thousand.....

**Authorized Signature on behalf of
CEYLINCO GENERAL INSURANCE LTD**

SECTION A : DEFINITIONS

Masculine pronouns used in this Policy shall include both masculine and feminine gender unless the context indicates otherwise

- (1). **Accident** - Shall mean any event of Violent, Accidental, External and Visible means which shall be independently of any other cause and be the sole cause of bodily injury
- (2). **Approved Ayurveda Hospitals** - shall mean
 - Wickramarachchi Ayurveda Hospital
 - Horana Sugatha Rasayanagaraya
 - Siddhalepa Hospital
 - All Government Ayurveda Hospitals
- (3). **Commencement Date** shall mean the date on which the Policy commences, namely the first date of the subsequent month from the date of submission of the Enrolment Form to SLT by the Customer.
- (4). **Claimant** - shall mean either the Policy Holder or the Insured as the case may be.
- (5). **Disability** - Shall mean a **Sickness, Disease or Illness** and/or injuries arising out of a single or continuous series of accidents.
- (6). **Eligible Applicant** shall mean an Applicant who has met the eligibility requirement (including but not limited to age of Applicant).
- (7). **Enrollment Form** shall mean an electronic enrollment form which shall include, among others, the name, date of birth, selected medical plan, telephone number and NIC of the Insured subscribers and their nominee, to be collected electronically and delivered in soft copy one time per month to CGI.
- (8). **Hospitalisation** - shall mean a continuous stay in a Hospital for medically necessary treatment or surgery, for a covered Sickness, Disease or Illness /Disability which are not excluded hereunder.
- (9). **Hospital/Nursing Home** - Shall mean an establishment duly constituted and registered as a government or registered private hospital/nursing home or Approved government/private Ayurveda Hospital for the care and treatment for sick and injured

persons as in-patients, and which:

- (a) Have facilities for diagnosis and to perform major surgeries.
 - (b) Provides 24 hours Nursing Service by trained registered Nurses.
 - (c) Is under the supervision of a doctor.
 - (d) Is not a Clinic, a place for Alcoholics or Drug Addicts, a Nursing Rest or Convalescent Home or a Home for the Aged or similar establishment.
- (10). **Insured** – shall mean the Policy Holder or any beneficiary.
- (11). **Insurance Fee** refers to the fee due to the Company for the provision of the Medical Insurance Policy which shall be paid by the Insured through SLT.
- (12). **Medical Insurance Policy or Certificate** shall mean the health insurance cover or Summary of Cover for Hospitalization issued by the Company, which shall together constitute the insurance policy which governs the terms and conditions for the insurance provided to an Insured. The coverage of the Medical Insurance Policy is further described in the Schedule hereof.
- (13). **Medical Insurance Cover** shall mean the Hospitalization cover provided for the individuals registered under the Medical Insurance Policy, i.e. the cover provided for an Insured.
- (14). **Policyholder** shall mean eligible individual subscriber of SLT who, in accordance with the provisions of this Agreement is participating in an insurance plan (the Medical Insurance Policy) as set out in this Agreement and who has provided the requisite information for the said insurance plan and has been stored in an the electronic Enrollment Form and has been accepted by CGI.
- (15). **Sickness, Disease or Illness** - Shall mean a physical condition marked by a Pathological deviation from the normal healthy state.

SECTION B : TERMS AND CONDITIONS OF THE POLICY

1. The Medical Insurance Policy is for the SLT subscriber, and is extended to his/her family members who are eligible for the Medical Insurance Cover.
2. Benefits due during the Policy Period will be settled based on the Clause 04 of Section D.

3. The age limit to obtain the Cover is up to 70 years for adults and between 1 to 18 years years of age at the time of registration – dependent spouse below 70 years and children between 1 to 18 years.
4. The Policy will be effective from the Commencement Date, provided the monthly Insurance Fee is added to the subscriber's account. Thereafter the Cover is extended on a monthly basis, on the same procedure.
5. The benefit will be applicable according to the plan selected by the Applicant as stated under table 1: Level of Benefits of Section C.
6. There shall be a waiting period of 30 days for all Claims, other than the Claims made for Accidents.
7. Entitlement of benefit will be effected after 30 days from the Commencement Date subject to a maximum of 50% during first 3 months, and full benefit thereafter until a Claim is made, and the benefit will again drop to 50% for three months soon after a Claim is settled.
8. A daily allowance shall be paid for the period of Hospitalization, based on the selected plan, excluding the first night staying at the **Hospital/Nursing Home**. If hospitalized for more than Two (2) nights, the 1st night exclusion is waived off.
9. Cover will cease as stated under Clause 4 of Section E
10. Only One (1) Policy is activated per Applicant (based on NIC number). Accordingly a subscriber of SLT can activate only 1 Policy for any 1 selected telephone connection.
11. The Company will permit renewal of the insurance Policy on a case-by case basis. The following actions will be taken depending on the decision of renewal or non-renewal:
 - on non-renewal:** SLT will facilitate the termination of the insurance policy on its systems and inform CGI same
 - on renewal:** the insurance Policy will continue on auto-renewal, and all deduction or billing will continue to apply in subsequent calendar months.

SECTION C : DESCRIPTION OF THE COVER

All covers described in this Policy are applicable within the geographical limits of Sri Lanka only.

[1] Hospitalization

The Policy will pay daily allowance for each Life Insured, for Hospitalization as an in-patient, as a result of:

- (a) Sustaining bodily injury by Accident
- (b) Any **Sickness, Disease or Illness**
- (c) Any surgery which is not specifically excluded

The amount payable will not exceed the maximum benefit based on the plan selected by the Policyholder as per table 1: Level of Benefit under this Section C subject to the terms and conditions provided under the Medical Insurance Policy as defined here under.

[2] Benefits

1. If an Insured person is hospitalized within the geographical limits of Sri Lanka, the Company will, upon receipt of due proof, pay the Insured or nominee as the case may be, according to the table 1 : Level of Benefit below, as full and final settlement of the Claim in respect of the said Hospitalization of the Insured person.
2. The Policy provide a daily allowance as tabulated under Clause 4 for the period of Hospitalization
 Maximum up to :
 - 10 days per event
 - 30 days per annum
3. Each Applicant is allowed to select the level of maximum insurance benefit at the point of enrollment as per the plan below and the same plan will be applicable for the dependents as well.

Level of Benefits

Plan	Package	Monthly Insurance Fee Due			Maximum Insurance Benefit Provided
		Subscriber (Rs)	Spouse(Rs.) (if applicable)	Each Child(Rs.) (if applicable) up to a maximum of 3 children	
1	Bronze	100	65	50	1000
2	Silver	275	185	145	3000
3	Gold	450	300	250	5000

Table 1

4. The benefit is applicable on an individual basis.
5. Upon the Policyholder being diagnosed with Dengue fever, a cash grant of Rs. 10,000/- or the Hospitalization allowance in accordance to the selected plan whichever is higher, will be paid to the Policyholder.
6. Dengue cash grant shall be granted only to the Policyholder (subscriber) and not to the other Insured's. Only one Claim shall be made for one calendar year.
7. Dengue cash grant will be paid, on a positive result in NS1 blood test (Dengue antigen) followed by a Hospitalization.

[3] Exclusions

The Policy does not cover any Hospitalisation expenses incurred for any Disability/ **Sickness, Disease or Illness** or surgery caused by, or resulting, directly or indirectly, wholly or partly, from any of the following factors:

- Direct participation on Strike, Riots & Civil Professional sports, or winter sports other than skating;
- Political Unrest and Terrorism
- Child Birth, Complication in pregnancy, Fertility treatment and Birth control treatment
- Cosmetic surgeries/treatments
- Commitment of suicide and self-inflicted injuries

SECTION D : CLAIM PROCEDURE

1. Every Hospitalization should be informed to the customer care Hot Line 2399199 at the earliest opportunity.
2. Insured shall submit all Claims by any one of the methods - post, email or by handing over to the nearest Ceylinco General Insurance Branch.
3. Claim documents should be submitted to the Company not later than 30 days from the date of discharge from the **Hospital/Nursing Home**.
4. The Company shall check the eligibility of Insured for the Claim based on the following;
 - Medical Claim with proof of documents
 - SLT billing and/or settlement status
5. Required documents for a Claim settlement
 - a) Copy of the Diagnosis Card issued from a Hospital/Nursing Home.
 - b) Confirmation from SLT on active status of the Subscriber
 - c) Report of NS1 (for Dengue cash grant)
6. Processing of Claim will commence upon receipt of required documents.
7. All eligible Claims will be settled within 5 working days

SECTION E : GENERAL CONDITIONS

- (1) **Change in risk**-The Insured shall give notice in writing to the Company of:
 - a) Any change in the address
 - b) Any change of civil status of the Insured Person/Lives Insured
- (2) **Age Limit -**
 - (a) **Eligible Applicant**:- The Eligible Applicant should be below 70 years of age and above 18 years of age.
 - (b) **Dependents**:- (i) Spouse below 70 years of age and above 18 years of age.
(ii) Unemployed and unmarried Children between the ages of 1-18
- (3) **Alterations -** No changes to the plan obtained shall be entertained during the Policy Period.

- (4) **Termination of individual insurance Cover** -The insurance of an Insured shall automatically terminate at the earliest occurrence of any of the following:
- a) The Insured (Policyholder/spouse) reaches 70 years of age and/or Children reaches 18 years of age.
 - b) Demise of the Insured
 - c) Termination of the Agreement SLT has with the Policyholder (subscriber) or the Company
 - d) In case of non-payment of the Insurance Fee by the Insured, according to the SLT termination policy.
 - e) If SLT subscriber defaults resulting in the termination of SLT service provisioning agreement, the Medical Insurance Cover shall also be terminated forthwith SLT's notification of the same.
 - f) the cover elected shall have been exhausted or at midnight on the last day of the Period of Insurance.
- (5) **Termination of Policy** - The Policy shall terminate on the last day of the Policy Period unless terminated early.
- (6) **Certification, Information and Evidence** - All information, medical Certificates, medical reports and evidence as required by the Company shall be furnished at the expense of the Insured and in such a form that the Company may require. All information required should be addressed to the Company. An Insured shall at the Company's request and expense, be submitted to a medical examination whenever such is deemed necessary.
- (7) **Misstatement of facts** - Should any of the significant facts pertinent to the issuing of the Policy or to the Medical Insurance Cover therein, be known to have been misstated in respect of any Life Insured, the liability of SLT and the Company to such Life Insured shall be null and void.
- (8) **Ownership of the Policy Certificate** - Unless otherwise expressly provided for by an endorsement in the Policy, the Company shall be entitled to treat the Policyholder as the absolute owner of the Policy certificate. The Company shall not be bound to recognize any equitable or other claim to or interest in the Policy, and the receipt of the Policy or a Claim payment by the Policyholder (or by his legal or authorized representative) alone

shall be an effective discharge of all obligations and liabilities of the Company. The Policyholder shall be deemed to be the responsible Principal or Agent of the persons covered under this Policy.

- (9) **Policy, Schedule and Endorsements are to be read as one contract** - If a special meaning is attached to any word or expression in this Policy, schedule or endorsement, it will continue to bear such meaning throughout this contract.
- (10) **Upgraded Covers** - A Package of a Cover can only be upgraded to another Package at the time of the renewal of this Policy, provided that the Company has agreed to such upgrade during the Policy Period. Nothing hereof shall mean that the Policyholder can not add or remove any family member to/from the existing Package.
- (11) **Inclusion/removal of members during the tenancy of the Policy** - The Company shall add or remove the monthly Insurance Fee when a member is added/removed during the Policy Period
- (12) **Cancellation** - The Insurance effected by this Policy either in its entirety or in respect of any particular life Insured may be cancelled by the Company at any time by registered letter sent to the Insured at his/her last known address provided that such cancellation shall be without prejudice to the rights of the Insured in respect of prior loss consequent upon injury or Sickness, Disease or Illness to any Life Insured and provided that the Company returns to the Insured the last Insurance Fee paid by him/her either for the

Policy in its entirety or for the particular Life Insured concerned less a pro-rata part thereof for the period of the year for which the policy has been in force either in its entirety or in respect of the said Life Insured whichever the case may be.

Likewise, by giving notice to the Company, the Insured may, at any time cancel this Policy, in which case the Company will retain a proportionate Insurance Fee on the customary Short period Rates for the time policy has been in force either in its entirety or in respect of the said Life Insured as the case may be. The refund of Insurance Fee on cancellation by either party is subject to "No Claim" having been lodged on the Company by the Insured or the Life Insured during the said Period of Insurance.

In the event the above referred Insurance Fee is settled by SLT on behalf of the subscriber, any refund due under the cancellation shall be refunded to SLT.

- (13) **Dispute Resolution** - All differences arising out of this Policy shall be referred to the Courts of Sri Lanka.
- (14) **Law** - Any dispute hereof shall be governed by the laws of the Democratic Socialist Republic of Sri Lanka.

- (15) **Observance of Terms and Conditions** - The due observance and the fulfillment of the terms, provisions, conditions and endorsements of this Policy by the Insured and each Life Insured is so far as they relate to anything to be done or complied with by the Insured shall be conditions, precedent to any liability of the Company, hereunder.
- (16) **Limitation of Liability** - The maximum liability of SLT and the Company towards the Policyholder/Insured/Nominee shall be limited to the maximum benefit provided under Table 1 : Level of Benefits.

If any disagreement of any provision is not informed in writing the same shall be taken as agreed.



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Authorized Signatory

CEYLINCO GENERAL INSURANCE LIMITED
"Ceylinco House" 69, Janadhipathi Mawatha, Colombo 01