



The Oriental Insurance Company Limited

GROUP MEDICLAIM TAILORMADE POLICY SCHEDULE

UIN : OICHLGP449V022021

Policy No.	: 463400/48/2026/490	Prev. Policy No.	: P/131211/01/2025/000182
Cover Note No.	: 463400202600043	Cover Note Date	: 29/08/2025
Insured's Code	: AB0000058621	Issue Office Code	: 463400
Insured's Name	: THE KRISHNA DISTRICT COOPERATIVE CENTRAL BANK LIMITED (GSTIN: 37AABTT0343E1ZS)	Issue Office Name	: KBO MG ROAD VIJAYAWADA (GSTIN: 37AAACT0627R4ZV)
Address	: # 11-717 & 718, JAGANNADHAPURAM, MACHILIPATNAM - KRISHNA ANDHRA PRADESH 521001	Address	: # 40-16-8/1, 1ST FLOOR, SIDDHARTHA WOMEN'S COLLEGE LANE M.G.ROAD, LABBIPETA , VIJAYAWADA ANDHRA PRADESH 520010
Tel. /Fax /Email	: 0 / / 8886811911 / kdccbho.estt@gmail.com	Tel. /Fax /Email	: 0866-2472813 / 2470825 / / veena.kumari@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NG0000000052

Agent/Broker : BA0000145173 B RAJANI

Address : D.NO.19/293, BETHAVOLU,GUDIVADA,KRISHNA,KRISHNA,ANDHRA PRADESH,521301

Tel/Fax/Email : //8464899577//katumalarajani20@gmail.com

Period of Insurance : FROM 00:00 ON 31/08/2025 TO MIDNIGHT OF 30/08/2026

Collection No. & Dt.: CD A/C AB0000058621 GST INVOICE NO :372491499 UIN :0

Gross Premium : 1,04,90,000 GST : 18,88,200 Stamp Duty: 1 Total : 1,23,78,200

Co-insurance Details : NIL

TPA Details :

TPA ID : YA0000000350

TPA Name : FAMILY HEALTH PLAN I

TPA Address : Aditya JR Towers 8-2-120 / 86/9 A& B 3 rd and 4th floor,
Banjara Hills,
HYDERABAD 500034

Toll Free No : 18004254033

Telephone No : 040- 23556262

Fax No :

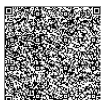
Risk Details

As per attached Annexure

Sr No : 1	Emp/Dependant Name : COVERAGE OF 575 FAMILIES / 2042 LIVES	SI : 287500000	No Of Dependants : 2042
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Place : VIJAYAWADA

Date : 24/09/2025



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Particulars of the Persons covered

Sr. No.	Name	Relationship	Sex	Age	Pre-existing Ailments, If Any
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Total Sum Insured in words : Indian Rupees Twenty-Eight Crores Seventy-Five Lakhs Only

Total Premium in words : Indian Rupees One Crore Twenty-Three Lakhs Seventy-Eight Thousand Two Hundred Only

Installment Details

Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks
1	31/08/2025	100	1,04,90,000	18,88,200	1,23,78,200	

The insurance under this policy is subject to conditions, clauses, warranties, exclusions which are available on Company's website www.orientalinsurance.org.in or on demand from the policy issuing office.

The policy shall pay for hospitalization expenses for medical/surgical treatment at any Nursing Home/Hospital in INDIA as an in-patient defined in the policy

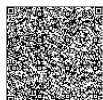
In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

(1) Waiver of pre-existing diseases (2) Waiver of 30 days waiting period & year wise exclusions (3) (4) Room rent : 1% of Sum Insured for Normal and actuals for ICU. Proportionate deduction clause applicable (5) Additions and deletion of persons for any erroneous exclusion which is subsequently identified : Additions are allowed within 30 days of commencement of policy on payment of extra amount & subject to available of CD balance (6) Addition & Deletion of lives : Premium to be charged / refunded on pro-rata basis (7) Family definition : Self , Spouse, Dependent children and Dependent parents , Parents-in-law. (8) Age band : 0 to 90 years (9) Ambulance charges upto Rs.2,500/- per trip to hospital and/ or transfer to another hospital or transfer from hospital to home if medically advised. Taxi and auto expenses in actual maximum upto Rs.750/- per trip also be reimbursed on production of bill. (10) No sub limits on diseases (11) Day care procedures are covered (12) No co payment (13) Maternity : Rs.50,000/- for Normal & Rs.75000/- for caesarian for first two children. Waiver of nine months waiting period under maternity (14) Cataract : Rs.50,000/- per eye and all claims related to eye problems are covered. . Intra vitreal injections are covered upto Rs.50,000/- . correction of eye sight due to refractive error are covered more than +/- 7.5 dioptries. (15) Cashless treatment / reimbursement of expenses for treatment of Diabetes and Constitutional diseases under Naturopathy, Homeopathy , Ayurveda and Unani are covered as per our GMC terms and conditions . (15) New born baby is covered from day one within the family floater sum insured if the mother is covered under the policy. (16) Mid term additions are covered only for new born baby , Newly wedded spouse , & New joinings during the policy period on payment of premium on pro-rata basis. (17) Sum Insured : Rs.5,00,000/- per family. (18) Pre and Post Hospitalisation for 30/60 days.

Warranted that in case the person covered under the policy has lodged any claim under the previous policy and the sum insured is enhanced under the current policy, for a further claim for the same disease during the current policy, the earlier Limit of Sum Insured shall be applicable and not the enhanced sum insured

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Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

"We at Oriental continuously strive to ensure that you get the best possible treatment from our network hospitals. Please contact your TPA or any of the Oriental offices for our preferred hospitals in your area before going for a treatment. This will help us serve you in the best possible manner"

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at KBO MG ROAD VIJAYAWADA (GSTIN: 37AAACT0627R4ZV) on 25-SEP-25

"In case of grievance related to any issue related to this policy the same may be addressed to the office In-Charge or the Grievance Officer at above policy address. If the grievance remains pending, it may be escalated to Grievance Officer of the concerned Regional Office DOOR NO.48-14-111, SRI NITYA COMPLEX, 2ND FLOOR,OPP : KARNATAKA BANK, RAMA TALKIES ROAD,VISAKHAPATNAM,. The next escalation in case grievance remains unresolved is CSD, Head Office, situated at Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002.

If the insured is not satisfied with the resolution/reply provided by the company, he/she may approach the Office of Insurance Ombudsman

Entered By : P.Rambabu

Examined By : Ms DAMODARAM SANDHYA

Policy Printed By :659223

IP :

Digitally Signed

Policy Printed On :25-SEP-25 11:00:40

MAC :

By

Authorised Signatory

This is an electronically generated document (Policy Schedule).The Policy document duly stamped will be sent by post.

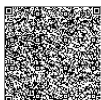
In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in and through other digital platforms including Whatsapp (Send "Hi" to  9560711200)

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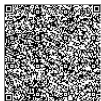
MEDICLAIM INSURANCE POLICY (GROUP)

CUSTOMER INFORMATION SHEET (Description is Illustrative and not exhaustive)

1	Product Name	<u>GROUP MEDICLAIM -TAILORMADE- RISK FLOATER</u>	
2	What I am Covered For	a. Hospitalization expenses- Expenses incurred on hospitalization for minimum period of 24 hours including pre-hospitalization expenses for a period of 30 days and post hospitalization expenses for a period of 60 days.	1
		b. Sum Insured- Minimum sum insured is Rs 50,000/- and in multiples of Rs 25,000/- upto Rs 2, 00,000/-. Beyond the Sum Insured of Rs. 200000/- in multiples of Rs. 50000/- upto Rs 500000/-.	12
		c. Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home not exceeding 1 % of the Sum Insured or Rs. 5000 /- per day whichever is less.	2a.
		I.C. Unit expenses not exceeding 2 % of the Sum Insured or Rs. 10,000 /- per day whichever is less. (Room including I.C.U. stay should not exceed total number of admission days).	2b.
		d. Road Ambulance Cover - 1% of the sum insured or Rs 2000/- whichever is less	2e.
		e.Telemedicine Expenses. f.AYUSH Coverage without any sub limits. g.Modern treatments and advanced surgeries. h.Mental illness cover i.Hospitalization expenses incurred for donating an organ by the donor (excluding cost of organ if any) to the insured person during the course of organ transplant will also be payable.	2B.
		j. Domiciliary Hospitalisation Benefit	2A.

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3	What are the Major exclusions in the policy	a. Pre-Existing Diseases will be covered after a waiting period of thirty six (36) months of continuous coverage	
		b. Admission primarily for investigation & evaluation	
		c. Admission primarily for rest Cure, rehabilitation and respite care	
		c. Expenses related to the surgical treatment of obesity that do not fulfill certain conditions	
		d. Change-of-Gender treatments	
		e. Listed 16 major diseases (For details refer policy document)	
		f. Maternity.	
		g. Expenses related to correction of refractive error less than 7.5	
		h. Unproven treatments	
		i. Sterility and infertility	
		j. Expenses for cosmetic or plastic surgery	
		k. Expenses related to any treatment necessitated due to participation in hazardous or adventure sports	
		The above is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions	
4	Waiting period	b. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident.	4.1
		c. Specified surgeries/treatments/diseases are covered after specific waiting period of 24 months	4.1
		d. Specified surgeries/treatments/diseases are covered after specific waiting period of 36 months	4.1

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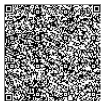
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5	Payment basis	Payment on indemnity basis (Cashless / Reimbursement)	5.5
6	Loss sharing	In case of a claim, this policy requires you to share the following costs: a. Expenses exceeding the following Sub-limits:	
		i. Room Charges (Hospitalization):	
		a. Room rent not exceeding 1 % of the Sum Insured or Rs. 5000 /- per day whichever is less.	
		b. I.C. Unit/ICCU expenses not exceeding 2 % of the Sum Insured or Rs. 10,000 /- per day whichever is less.	2.1 (I)
		c. In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to the proportionate deduction.	2.1 (II)
		d. i. Disease wise capping for 20 (twenty) listed diseases. ii. Capping on 7 (seven) common procedures.	2.1 (a)
7	Renewal Conditions	The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years and There will be no loading on renewals on Individual claims experience basis.	
8	Renewal Benefits	b. Benefit for coverage of diseases under time bound exclusions	
		c. Eligible for Migration or portability as per regulatory provisions.	
9	Cancellation	a. The Insured may cancel this Policy by giving 7 days written notice, and in such an event, the Company shall refund premium as per the rates detailed in the policy terms and conditions. b. The Company may cancel the policy at any time on grounds of misrepresentation, non- disclosure of material facts, and fraud by the Insured Person by giving 30 days written notice.	5.14

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10	Claims/Claim Procedure	<p>For Cashless Service: Hospital Network Details are available at www.orientalinsurance.org.in</p> <p>For reimbursement of Claim: Policy issuing Office /TPA</p> <ul style="list-style-type: none">* Cashless service for covered expenses in Network Hospitals* Reimbursement of admissible expenses <p>Web link for following:</p> <p>Network Hospital Detail:</p> <p>https://www.orientalinsurance.org.in/network-hospitals</p> <p>Helpline No :</p> <p>Toll free : 1800118485/011- 33208485</p> <p>Hospital which are blacklisted or for no claims will be accepted here:</p> <p>https://www.orientalinsurance.org.in/network-hospitals</p> <p>Downloading/getting claim form</p> <p>https://www.orientalinsurance.org.in/policies-related-document</p>	5.6(B)
11	Policy Servicing	<p>1. Company officials : Website: www.orientalinsurance.org.in</p> <p>2. Toll free: 1800118485 Or 011-33208485</p> <p>3. Policy issuing office</p>	
	Grievances/Complaints	<p>* www.orientalinsurance.org.in E-mail: csd@orientalinsurance.co.in</p> <p>* IRDAI Integrated Grievance Management System</p> <p>https://igms.irda.gov.in</p> <p>* Insurance Ombudsman - Contact details of the Insurance Ombudsman have been provided in Annexure 1 of the policy document.</p> <p>Ombudsman website: http://ecoi.co.in/ombudsman.html</p>	

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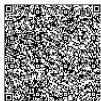
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12	Things to remember	<p>a.Free Look period of 30 days from the date of receipt of the policy shall be applicable at the inception Lifelong renewability (except on certain specific grounds)</p> <p>B. Renewable Conditions</p> <p>Grace period of 30 days Policy is ordinarily renewable Adjustment of premium on renewal in lieu of OMP policy.</p> <p>c.Right to migrate from one product to another product of the company. www.orientalinsurance.org.in</p> <p>d.Right to port the policy from one company to another company www.orientalinsurance.co.in</p> <p>e.Change in SI during the policy term or at the time of renewal (please contact the policy issuing office)</p> <p>Moratorium Period: After Completion of five continuous years under the policy no look back to be applied. This period of five year is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium period no health policy shall be contestable except for proven fraud and permanent exclusion specified in the policy contract</p>	6.2
13	Insureds Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.	

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Declaration by the Policy Holder,

I have read the above and confirm having noted the details.

Place

(Signature of the Policyholder)

Date

Note

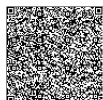
i. Web-link where the product related documents including the Customer Information sheet are available:
<https://orientalinsurance.org.in/policies-related-document>

i. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

ii. Insurer to take confirmation of the policyholder regarding receiving of the Customer Information Sheet.

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