



THE NEW INDIA ASSURANCE COMPANY LIMITED

Registered & Head Office- 87, M.G. Road, Fort, Mumbai-400001.

BIRTHRIGHT INSURANCE SCHEME

PROSPECTUS

I. Applicability :

Expectant mother upto 3 months pregnancy

II. Age Group:

18 years to 40 years

III. Identification:

Birth certificate of the child issued by the hospital

IV. Scope of Cover:

This policy covers the following depending upon the nature of congenital anomaly.

V. (1) Congenital Anomalies which are curable:

Medical expenses are reimbursed upto 50% of Capital Sum Insured as per Table of Benefits.

(2) Congenital Anomalies which are certified by a qualified doctor as 'Permanent Partial Disability'

Medical expenses are reimbursed as per Table or Benefits, besides a certain percentage of the balance (unspent) amount will be paid as deposit in a bank or Unit Trust.

(3) Congenital Anomalies which are certified as "Permanent Total Disability"

Medical expenses are reimbursed and the balance unspent amount is put in a Bank or Unit Trust.

Note:

- In respect of the deposit put in a Bank or Unit Trust, the interest thereon will be made available to the Insured by way of monthly benefits for the maintenance of the child.
- On the death of the Insured, the monthly benefits will be paid to the legally appointed guardian, failing that to the legally appointed guardian under whose care the child is placed.
- On the death of the child, the corpus will be paid to the natural guardian or legally appointed guardian as the case may be.

VI. Sum Insured:

The insured can opt for any one of the 4 categories as follows :

Category	Sum Insured	Premium (Excluding S. Tax)
I	75000	1500
II	50000	1000
III	25000	500
IV	10000	200

VII. Claims Procedure :

Preliminary notice of claim with particulars relating to Policy Number, Name of the Insured child in respect of whom the claim is made, nature of congenital anomaly, Name and address of the attending Medical Practitioner/Hospital/Nursing Home/Clinic, should be given to the Insurance Company within seven days from the date of discovery/detection of the congenital anomaly/Hospitalisation/Domiciliary Hospitalisation.

Final claim along with hospital receipted Bill/Cash Memos etc. should be submitted to the company within 15 days of :

- date of completion of treatment by which a complete cure has been effected OR
- date of completion of treatment by which only a partial cure as been effected OR
- date of certification by a medical practitioner to the effect that the congenital anomaly is a permanent and total disablement and is incurable.

VIII. Payment of Claim

All claims under this policy shall be payable in Indian currency. All medical treatment for the purpose of this insurance will have to be taken in India only.

Our limit of liability in respect of Hospitalisation is as per Table of Hospitalisation and Domiciliary Hospitalisation Benefits.

IX. Exclusions :

- 1) Congenital Anomalies directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Hostilities or warlike operations (whether War be declared or not) and breach or Criminal Law by the Insured.
- 2) Congenital anomalies directly or indirectly caused by or arising from ionizing radiations or contamination by radioactivity from any source whatsoever.
- 3) Expenses on vitamins and tonics unless forming part of treatment for congenital anomalies, as certified by the attending Physician.
- 4) If the mother is a heavy consumer of alcohol/narcotics/tobacco.

- 5) If the mother has been exposed to excessive radiation, X rays, drugs for treatment of disease like Cancer etc.
- 6) Conception by the mother against medical advice.
- 7) Congenital Anomalies occurring due to the existence of proven inherited disorders/abnormalities in the family or in any of the earlier children to which the Insured has given birth, unless the required pre-natal tests have been carried out and the reports thereof are positive.

TABLE OF BENEFITS

HOSPITALISATION AND DOMICILIARY HOSPITALISATION BENEFITS

(Amounts shown below are the maximum limits available under policy in the respective category of benefits)

	Category I RS.	Category II RS.	Category III RS.	Category IV RS.
I Hospitalisation Benefits				
a) Room, Board and Nursing expenses per day not exceeding	250	200	80	40
For the Policy period not exceeding	7500	6000	2400	1200
B. Non surgical & surgical Benefits (Including Pre-Post Hospitalisation treatment)				
a) Surgeon and Anaesthetist fees	7000	5000	3200	1000
b) Anaesthesia, Blood, Oxygen, Operation Theatre Surgical appliances	5700	2750	1000	550
c) Diagnostic Materials and X Rays	5750	3650	1000	730
d) Medical Practitioner, Consultants and Specialist's fees for Consultations/Visits	3875	1650	1150	330
e) Medicines and Drugs	2875	1650	1050	330

II. Domiciliary Hospitalisation Benefits (Excluding Pre and Post Hospital treatment)				
a) Anaesthesia, Blood and Oxygen	1000	900	600	180
b) Diagnostic Materials and X Ray	1000	900	600	180
c) Medicines and Drugs	1300	1000	500	200
d) Medical Practitioners, Consultants and Specialists fees for consultations/Visits	1250	750	500	150
e) Employment of a qualified Nurse to attend the patient at his/her residence	1250	750	500	150

Note: It is necessary to take prior approval from the company in case Medical Expenses exceed Rs.18,750/-, Rs.12,500/-, Rs.6250/-, Rs.2,500/- in category I,II,III,IV respectively.

N.B. Insurance is the subject matter of solicitation.



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PROPOSAL FORM FOR BIRTHRIGHT INSURANCE POLICY

1.(a) Name of the expectant mother (proposer)

(b) Name of the father of the child (in full)

2. Address

3. Age

a) Proposer _____

b) Father of the child _____

4. Occupation

a) Proposer _____

b) Father of the child _____

5. Are you in good health on the day of signing this proposal

6. Name of the physician /gynecologist who usually attends to you

7. Have you consulted your family physician or any other physician / gynecologist for any major ailment in the last six months prior to this proposal: If so give details

8. a) Are you a heavy smoker consumer of alcohol/narcotics ?

b) Are you suffering from cancer/diabetes/tuberculosis (T.B) ?

c) Has any member of your family or any ancestor suffered from congenital anomalies?

d) Have you suffered or are you suffering from, any other systematic disease?

9. Have you undergone any radiation therapy for any reason whatsoever?

10. (a) Date of approximate delivery of child

(b) Is this your first pregnancy? If not please give details of earlier pregnancy/pregnancies - Yes / No No. of Children Age

(c) Has any child suffered from any congenital anomalies? If so give details

11. Blood group of proposer

12. Please specify category of Table and Benefit opted.

I/II/III/IV

I, do hereby declare that the statement and answers under heading 1 to 12 of the proposal form have been given by me after having understood the questions fully, and that the same are true and complete in every particular. I agree and declare that these statement and this declaration shall be the basis of the contract of insurance between me and the Company and that if any untrue averment be contained therein, the said contract shall be absolutely null and void and all monies which have been paid in respect thereof shall stand forfeited to the Company. I hereby agree and undertake to take requisite treatment as prescribed by the Medical Practitioner in case I belong to the RH-negative blood group.

Witness
Signature
Name
Address-

Proposer's Signature
Date:

CERTIFICATE

I have examined the expectant mother and certify that she is approximately _____ weeks pregnant that she is in sound health and that the approximate date of delivery of the child is _____

I certify that the expectant mother (proposer) does not belong to RH Negative blood group copy of the report enclosed.

Date:

Signature of Registered Medical
Practitioner/Gynecologist

Name

Reg. No.

N.B.: Certificate should be obtained from a duly qualified allopathic doctor, holding a minimum qualification of MBBS from a recognized university.

Note 1. The liability of the company does not commence until the proposal has been accepted by the Company and full premium paid. 2. Insurance is the subject matter of solicitation.

PROHIBITION OF REBATE -- Section 41 of the Insurance Act 1938

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebates as may be allowed in accordance with the published prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Five Hundred Rupees.