

GROUP LIFE ASSURANCE POLICY FOR CLIENTELE OF ASIRI HOSPITAL HOLDINGS PLC ASIRI LIFE

Whereas this policy has been effected with the Softlogic Life Insurance PLC (herein after called "The Company") by the Life Proposed named in the first schedule hereto, and whereas the Proposer has and made representations and statements and delivered to the Company a proposal and declaration referred to in the said First Schedule all of which the Company shall rely upon as true and forms the basis of contract herein contained and is deemed to be incorporated herein.

Now this policy witnesses that in consideration of the payment made to the Company of the first premium or first installment of premium mentioned in the said First Schedule, and on the condition that the subsequent premiums or installments of premium be duly paid as hereby provided, the Proposer/Covered Member shall be entitled to receive from the Company the sums assured as referred to in the said First Schedule subject to the terms and conditions contained herein and upon proof satisfactory to the Company of;

- (1) The death of the person on whose lives the sums assured are to depend,
and
- (2) The correctness of the ages of the persons on who's lives the sums assured are to be paid,
and
- (3) Other conditions as may be applicable to other policy benefits.

It is declared that this Policy is subject to the conditions stated in all schedules, exclusions in the ancillary benefit schedule & ancillary benefit endorsement hereto or to any other conditions, clauses and provisions endorsed or written hereon or on the sheets attached and signed for the Company by its authorized representative(s) as being relative hereto contained in the schedules.

Signed on the date stated in the First Schedule for and on behalf of the Company.

11-May-2020
.....
Date


.....
Authorized Signatory

First Schedule

POLICY NO	BRANCH	BUSINESS CLASS	PERIOD FROM	PERIOD TO	GEN DATE
GLMB-00017	Head Office	Group Life	11-MAY-2020	10-MAY-2021	11-MAY-2020
NAME AND ADDRESS OF LIFE PROPOSED	Asiri Hospital Holdings PLC		No.181, Kirula Road, Colombo 05, Sri Lanka		
CURRENCY CODE	BROKER CODE	SALES CODE	INVOICE NO	U/W YEAR	POLICY TYPE
LKR	BR037	NIL000	506237	2020	New

1) **Covered Members** – Inpatient and outdoor patients at all hospitals of ASIRI Hospital Holdings PLC and customers who have used/using and registered at ASIRI's channeling, wellness centers, laboratories, pharmacies and any person who has been charged for services provided by ASIRI through the following Units are the eligible members for this Insurance plan and out of those members, who have registered for this Insurance plan through Authorized Personnel of Softlogic Life Insurance PLC via their Mobile Phone Connection will become Covered Members and will interpret as "Asiri Life Customer" throughout this policy document.

- 1.1 In patients & Day Procedures
- 1.2 Channeling & Consultation
- 1.3 Laboratory Services
- 1.4 Wellness Centers
- 1.5 Pharmacies
- 1.6 Asiri Amazing Care

2) **Benefits Payable and the premium**

Plan 1	-	Basic Life Cover	-	LKR 250,000/-
		Hospitalization Benefit Bill Cover	-	LKR 50,000/-
		Hospitalization Per Day Benefit	-	LKR 250/-
		(Optional)		
Plan 2	-	Basic Life Cover	-	LKR 300,000/-
		Hospitalization Benefit Bill Cover	-	LKR 50,000/-
		Hospitalization Per Day Benefit	-	LKR 500/-
		(Optional)		
Plan 3	-	Basic Life Cover	-	LKR 400,000/-
		Hospitalization Benefit Bill Cover	-	LKR 75,000/-
		Hospitalization Per Day Benefit	-	LKR 750/-
		(Optional)		

Monthly Premiums;

i. Plan 1 - Main Life Only

Age Bands	Life Cover (LKR)	Hospital Bill cover (LKR)	Monthly Premium (LKR)
18-35	250,000	50,000	555
36-45	250,000	50,000	640
46-55	250,000	50,000	870
56-65	250,000	50,000	1,475

Age Bands	Hospitalization Per Day Benefit Life Assured Optional (LKR)	Hospitalization Per Day Benefit Monthly Premium (LKR)
18-35	250	10
36-45	250	15
46-55	250	20
56-65	250	25

ii. Plan 2 - Main Life Only

Age Bands	Life Cover (LKR)	Hospital Bill cover (LKR)	Monthly Premium (LKR)
18-35	300,000	50,000	560
36-45	300,000	50,000	665
46-55	300,000	50,000	935
56-65	300,000	50,000	1,660

Age Bands	Hospitalization Per Day Benefit Life Assured Optional (LKR)	Hospitalization Per Day Benefit Monthly Premium (LKR)
18-35	500	25
36-45	500	30
46-55	500	40
56-65	500	50

iii. Plan 3 - Main Life Only

Age Bands	Life Cover (LKR)	Hospital Bill cover (LKR)	Monthly Premium (LKR)
18-35	400,000	75,000	790
36-45	400,000	75,000	930
46-55	400,000	75,000	1,295
56-65	400,000	75,000	2,260

Age Bands	Hospitalization Per Day Benefit Life Assured Optional (LKR)	Hospitalization Per Day Benefit Monthly Premium (LKR)
18-35	750	35
36-45	750	40
46-55	750	60
56-65	750	75

3) Basic Life Cover

A lump sum amount under this benefit will be payable at the unfortunate event of death of the Asiri Life Customer due to any cause subject to exclusions defined in section no 9 of the third schedule.

4) Hospitalization Benefit Bill Cover

Under the Hospitalization Benefit Bill Cover, hospital expenses as indicated in the Benefit Table below will become payable for a year, when hospitalized as a result of illness or accident subject to exclusions defined in section no 3.2 under "Ancillary Benefit Endorsement".

Benefit Table –

Benefit Schedule (limits in LKR)		Plan 1	Plan 2	Plan 3
Annual Overall Limit (AOL) - Basic Annual Sum Insured (Individual Basis)		LKR 50,000/-	LKR 50,000/-	LKR 75,000/-
Eligibility for Hospitalization Bill Cover		Hospitalization at Asiri Group of Hospitals		
1	Hospitalization Benefit Bill cover	Hospital Room and Board (Including ICU) is subject to maximum of 10% of the Basic Annual Sum Insured.		
	Daily Hospital Room and Board Benefit (including ICU)			
	Maximum room rent per day	LKR 5,000/-	LKR 5,000/-	LKR 7,500/-

5) Hospitalization Per Day Benefit

Hospitalization per day benefit is for maximum of 30 nights per annum, where night is defined as a continuous stay of 24 hours. Minimum 2 nights of continuous hospitalization is required for a claim to be paid. If the stay is longer than 2 nights, then the total claims payable retrospectively will be, Hospitalization per day benefit into number of days hospitalized. If the hospitalization is at ICU then the Hospitalization per day benefit will be doubled.

6) Age Limit

- Minimum Age at Entry – 18 Years (Exact Birthday)
- Maximum Age at Entry – 65 Years (Age Next Birthday)
- Cover Ceasing Age – 70 Years (Exact Birthday)

Second Schedule

1. Membership

“Asiri Customer” shall mean inpatients and outdoor patients at all hospitals of ASIRI Hospital Holdings PLC and, customers who have used/using and registered at ASIRI’s channeling, wellness centers, laboratories, pharmacies and any person who has been charged for services provided by ASIRI Hospital Holdings PLC through the following Units;

- a. In patients & Day Procedures
- b. Channeling & Consultation
- c. Laboratory Services
- d. Wellness Centers
- e. Pharmacies
- f. Asiri Amazing Care

Particular Asiri Customer is entitled to obtain a single policy only irrespective of number of services taken from Asiri Group of Hospitals. Asiri Customer will become “Asiri Life Customer” by registering to the Asiri Life Plan through Authorized Personnel of Softlogic Life Insurance PLC via their Mobile Phone Connection.

The Insurance cover will cease at the earliest of;

- i. Asiri Life Customer attaining cover ceasing age.
- ii. Death of Asiri Life Customer during the term of the policy.
- iii. Termination of the agreement between Life Proposed and the Company.
- iv. Misrepresentation or fraud.
- v. Premium payments not received for three months consecutively.

2. Definition

It is expressly declared and agreed between the Company and the Life Proposed that for the purpose of this policy.

Policy Owner	-	Life Proposed Mentioned in the First Schedule.
Policy Term	-	Guaranteed Five years’ period subject to annual review of premium.
Policy Anniversary	-	The Annual Anniversary of the date of commencement of the Policy.
Policy Year	-	The year commencing from the Date of Commencement or from the Policy Anniversary thereof.
Premium review Date	-	Any subsequent anniversary of the commencement date.
Waiting Period	-	The period during which the Company is not liable for the cover.

3. Eligibility

The Asiri Customer who has registered through Authorized Personnel of Softlogic Life Insurance PLC via their Mobile Phone Connection will be eligible for this plan.

In order to establish this policy and for it to remain in force it is agreed that all members' details shall be included under the policy.

a. Participation Requirements

The Life Proposed shall furnish the following details of the Members to the Company:

- a. Full Name of the Covered Member (Asiri Life Customer)
- b. Date of Birth
- c. Relationship
- d. Gender
- e. National Identity Card No
- f. Selected Plan

4. Amount of Sum Assured

The sum assured applicable for each plan shows as the Basic Life Cover at section 2 of the First Schedule. The sum assured in respect of each member will be varied according to the selected plan type by the member at the enrollment and subject to the conditions and exclusions of this Policy.

5. Amount of Premium

The Company reserves the right to modify its premiums based on actual claim experience after duly notify in writing to the Life Proposed and such modification shall take effect from the next Premium reviewed date.

6. Cessation of Membership

A member shall cease to be a member on any of the following.

- a) The date of his Death.
- b) The date he ceases to be an Asiri Life Customer.
- c) The date on which Asiri Life Customer attains cover cease age as stipulated in the first schedule.
- d) Any other date on which membership ceases to be eligible for assurance.
- e) Misrepresentation or Fraud.

Third Schedule

General Conditions

1. Formation of Contract of Insurance

This policy and the proposal and declaration therefore, a copy of which is attached hereto, and the members' enrolment forms constitute the entire contract between the parties. All statements made by the Life Proposed or by any member shall, in the absence of fraud, be deemed representations and not warranties, and no such statement shall render the Policy violable or be used in defense of a claim hereunder unless it is contained on the proposal and declaration, therefore.

No agent of the Company is authorized to make or modify this contract or extend the time for premium payment, to waive any laps or forfeiture, to waive any of the Company's rights for requirements or to bind the Company by making any promise or by accepting any representation or information not contained in the proposal and declaration for this policy.

Only an authorized representative of the Company has the power on its behalf to issue permits or to extend the time for any premium payment thereon. The Company shall not be bound by any promise or representation heretofore or hereafter given by any person other than the authorized representative whose approval shall be endorsed hereon.

This policy is non-participating and does not participate in the surplus of the life fund. Also, this policy has no maturity value or surrender value.

1.1 Non-Disclosure

This Policy was issued in good faith and are of the view that relative details and health declaration provided in this regard are true and correct in every respect. Incorrect information will result in repudiating of liability and making the contract void.

2. Amendment or Alteration of This Policy

This Policy may be amended or changed at any time, without the consent of the Asiri Life Customer or assured hereunder, upon written request made by the Life Proposed and agreement by the Company. Any amendment or change to this Policy shall be binding on all Asiri Life Customers whether assured under this Policy prior to or on or after the date such amendment or change becomes effective.

The Company reserves the right to amend the terms and provisions of this policy by giving a 30 days' prior notice in writing by ordinary post to the Life Proposed's last known address in the Company's records.

The Life Proposed shall give notice in writing to the Company of any change in address, business or occupation, or of the trade or occupation.

3. Records

The Company shall keep a record of the Asiri Life Customer which contains, for each person, the essential particulars of the assurance.

This Policy gives The Company, through its duly authorized representative, the right at reasonable times to inspect all books and records of the Life Proposed relating to the individual assurances effected hereunder.

4. Payment of Premiums

Cover Starts on the 01st of the Next Month after the First Premium Payment. Thirty days of grace period will be offered for the payment of second and subsequent premiums under this Policy. If, the Company does not receive a premium within the grace period, the cover for such unpaid Asiri Life Customer will be terminated from the premiums due date, the cover may be reinstated after the Company received monthly premium due. If any Asiri Life Customer fails to pay premiums for a period of three (03) months consecutively, such Asiri Life Customer ceases to be an existing Asiri Life Customer, however such Asiri Life Customer can be re included as a new Asiri Life Customer subject to all applicable conditions for a new Asiri Life Customer including the waiting period.

5. Claims

The Life Proposed/Nominee shall notify the Company of the death of any Asiri Life Customer within 90 days from the date of death and furnish the Company with all information necessary to determine whether the sum assured is payable in respect of that Asiri Life Customer and the amount of that sum assured.

Should death of an Asiri Life Customer occur during the days of grace, the claim will be paid after deduction of the unpaid premium and also the unpaid premium if any of the current Policy year, from the sum assured.

Claims Procedure

Following documents are required to be submitted in an event of a death claim within 90 days from the date of death.

- 1) Completed claim forms.
- 2) Age and Identity proof (Copy of NIC).
- 3) Death certificate.
- 4) Medical reports/Diagnosis card.
- 5) Post Mortem/Inquest report (if required).
- 6) Any other requirements requested by Softlogic Life Insurance PLC.

Following documents are required to be submitted in an event of a hospitalization claim within 45 days from the date of hospitalization.

- 1) Completed claim forms.
- 2) Medical reports/ Diagnosis card.
- 3) Original Paid Bills.
- 4) Any other requirements requested by Softlogic Life Insurance PLC.

6. Change of Ownership

If the business of the Life Proposed is transferred to or taken over by any person or corporation, then, subject to the consent of the Company, the payment of premiums under this Policy may at the option of such person or corporation be continued, in which case such person or cooperation shall as from the date of such transfer or succession take the place of and be treated for all purposes of this Policy as being the Life Proposed hereof.

7. Renewal Privilege

This Policy is issued for five years (Guaranteed Five years' period subject to annual review of premium) and may be renewed by the Life Proposed on any subsequent renewal date subject to the conditions hereof. Renewal of the Policy is automatically effected by the payment of the required premium when due. The Company shall give renewal notice to the Life Proposed 30 days in advance in writing.

8. Termination of This Policy

This Policy will be terminated upon non-payment of premium for continuous period of 3 months.

Notwithstanding anything to the contrary in this Policy, the termination of this Policy shall have the following effects:

- a) No sum assured shall be payable under this Policy on the death of any person after the time of termination.
- b) No premium shall be payable under this Policy after the time of termination and any adjustment of the premium for the final policy year of this Policy, or part thereof, in terms of Condition 6 of the Second Schedule and Condition 4 of the Third Schedule shall take the form of a single amount payable by or to the Covered Member, as the case may be, on the date the adjustment is calculated.

9. Exclusions

Active Participation or any attempted participation of the covered member in any war, invasion, act of foreign enemy, hostilities or war like operations (whether war be declared or not) civil war, mutiny, riots, strike, civil commotion assuming proportion of or amounting to a popular rising, military rising, insurrection, rebellion, military or usurped power or any acts of any person acting on behalf of or in connection with any acts of any person acting on behalf of or in connection with any organization directed towards the overthrow by force of any government or to the influencing of it by terrorism or violence.

If the covered member commits suicide, whether sane or insane, within one year from the date of the Policy the liability of the Company shall not exceed the unearned premium on the date of death.

This Policy excludes the Government Taxes or Levies which is falling under current period or future period.

If the death or Hospitalization occurs during the first year from the date of registration of the cover or date of reinstatement whichever is later, due to following condition(s) the company shall not be liable for any claim.

- Heart Disease
- Cancer
- Kidney Disease

1 Year waiting period is applicable from the date of registration of the cover or date of reinstatement whichever is later for Pre-existing and recurring conditions, injuries and ailments.

90 days waiting period from the date of registration will be applicable for Deaths and Hospitalizations due to non-accidental causes except Deaths and Hospitalizations due to accidental Causes.

10. Interpretation

- I. Where the context admits, any reference to the Covered Member includes reference to his or her personal representatives and the singular includes the plural, and vice-versa.
- II. Any reference to the masculine gender shall also apply to the feminine gender and vice-versa.
- III. Supplementary benefits applicable, as stated in the policy schedule to the policy shall also be subject to the terms and conditions specified in the schedules of such supplementary benefits.
- IV. In the event of any inconsistency between this policy and its Sinhala and Tamil texts the English text of

this policy shall prevail.

11. Governing Law and Dispute Resolution

The parties to this Policy expressly agree that the Laws of the Republic of Sri Lanka shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by the Covered Member, Policy Owner and the Company and to be subject to Sri Lankan Law.

12. Cancellation

This policy either in its entirety or in respect of any particular Asiri Life Customer may be canceled by the Company at any time by registered letter sent to the Life Proposed/Covered member at the last known address, provided that such cancellation shall be without prejudice to the rights of the Covered Member in respect or prior loss consequent upon injury or sickness to any Asiri Life Customer, either in its entirety or in respect of the said Asiri Life Customer whichever the case may be.

By like notice to the Company the Life Proposed may at any time cancel this policy, either in its entirety or in respect of the said Asiri Customer whichever the case may be.

No premium will be refunded at an event of a cancellation.

13. Certification, information and evidence

All certificates, information, evidence, break ups as required by The Company shall be furnished at the expense of the Life Proposed and in such a form that The Company may require.

14. Complaint Handling

Any complaint relating to the policy should be referred to the Officer-in-Charge of Complaints or such other designated officer of the Company. Any such complaint shall be processed in accordance with the established complaint handling procedure of the Company and a resolution or response shall be provided by the Company. However, in the event the complaint is not satisfactorily resolved, then the Policy Owner/Member shall have the right to refer such complaint to a Competent Courts of Sri Lanka or Insurance Ombudsman or Arbitration or Insurance Regulatory Commission of Sri Lanka.

15. Arbitration

Any claim or dispute related to this policy may be resolved by arbitration upon mutual consent of the Parties. The arbitration shall be conducted by a panel of three arbitrators. The Covered Member, Policy Owner and the Company shall each appoint an arbitrator to constitute the panel of arbitrators and the seat of arbitration shall be Colombo. In the event the Parties fail to refer the dispute for arbitration within 12 months from the dispute, it shall be deemed that the Parties have abandoned the option for resolution of dispute by arbitration.

16. Receipts

No payment in respect of any premium shall be deemed to be payment to the Company unless a system generated SMS have been sent to the member on confirmation of premium.

17. Notice

Every notice or communication to the Company shall be in writing and sent to the Company's address. Notice to Life Proposed shall be sent to last known address or to the e- mail address of Life Proposed or to a person specified by Life Proposed.

18. Nominations

The benefits of the Policy shall be paid in the event of the member's death to the nominee who shall be an immediate family member of the member and who has been communicated to the Company and registered by the Company relating to the Policy.

The Company shall not be liable for any payment made under the policy, to a nominee mentioned in the records of the company unless notice in writing of any cancellation or change has been given to the Company.

* An immediate family member means Spouse, Children, Parents, Own Brothers and Sisters of the member.

19. Presumption of Death

Where the death of the Covered Member is sought to be established on the basis of a presumption generated in circumstances where he had not been heard of for a period of one year by those who would have naturally heard of him if he had been alive, no money shall become due under this policy until the effluxion of a period of seven (7) years computed from the time when the Covered Member had ceased to be heard of, and this fact notified to the Company.

Ancillary Benefit Endorsement:

Hospitalization Per Day Benefit

The Hospitalization Per Day Benefit Cover is applicable if such cover is included and appeared in the First schedule.

If at any time whilst the Basic Policy is in full force, for the full sum assured and provided the premium in respect of this benefit has been duly paid for the member and if the member named in Schedule of lives assured gets hospitalized as a result of illness or accident, the Company shall pay the amount per day specified in the first Schedule under the Hospitalization Benefit (**HB**) for a maximum of 30 nights per an individual in any one policy year (In case of Hospitalization in an ICU Ward the Payment will be doubled) subject to the following conditions and exclusions:

1. CONDITIONS

- i. Hospitalization should be notified within 07 days from the date of hospitalization.
- ii. Diagnosis of illness should have been arrived at for the first time after expiry of 90 days from the date of commencement of the Policy or the Date of the Policy or Date of Reinstatement of the Policy, whichever is later, but not later than Seventieth (70th) birthday of the Covered member.
- iii. Hospitalization is granted on a yearly renewable basis and the Company reserves the right to revise / review the premium at any policy anniversary after due notification.
- iv. Nominee shall not have the right to receive any payment under this benefit.
- v. This benefit will become payable provided the hospital stay is equal to or greater than 2 days. A day means one night (24 Hours) spent in hospital.
- vi. The Company shall have the right to have the covered member examined by a medical examiner duly appointed by the Company before payment of the benefit.
- vii. Hospitalization should occur after the expiry of 90 days from the date of registration of Policy or Date of the Policy or the date of Reinstatement of the policy whichever is less.
- viii. This benefit will become payable provided the Covered Member is hospitalized in a private or government "hospital"

Definition of a "Hospital"

The term hospital means a PHSRC (Private Hospital Services Regulatory Council) establishment with in-patient facilities maintaining daily medical records providing diagnostic and medical equipment and facilities required for operations, accommodation and treatment of sick and/or injured persons. Such establishment should consist of qualified doctors in western medicine with registered and qualified nurses present throughout the day.

This benefit will become payable provided the Covered Member is hospitalized in a hospital defined as per the above definition of a hospital, or a government hospital.

- ix. If the duration of stay in the hospital exceeds fourteen (14) days, the decision to pay for the period in excess of fourteen (14) days in hospital will be determined by a medical examiner nominated by the company whose decision will be final and conclusive. In this regard, any clinical, radiological, and histological and laboratory evidence required by the company should be provided at the expense of the Life Assured.

2. EXCLUSIONS

I. WAITING PERIOD

- a. 90 Days Waiting Period applicable from the date of registration of the cover or date of reinstatement whichever is later except when hospitalization arises from an accident.
- b. 1 Year waiting period is applicable from the date of registration of the cover or date of reinstatement whichever is later for Cancer, Heart Disease and Kidney Disease.
- c. 1 Year waiting period is applicable from the date of registration of the cover or date of reinstatement whichever is later for Pre-existing and recurring conditions, injuries and ailments.

II. DENTAL TREATMENT.

- a) Any hospitalization caused by dental conditions
- b) Any hospitalization for fitting eye glass, lenses or hearing aids or oral surgery, all routine medical examinations or checkups.

III. MATERNITY

Any hospitalization due to pregnancy, childbirth, abortion, miscarriage, birth control or infertility

IV. ROUTINE

- a) Any hospitalization for routine or other medical examinations or checkup or vaccination or inoculations which are not required for treatment of an illness or injury.
- b) Any hospitalization not recommended by a qualified physician or undertaken in nature cure clinics or hydros or during periods of quarantine
- c) Any hospitalization as a result of engaging in hunting, steeple chasing, polo playing, mountaineering, winter sports, ice hockey, gliding, parascending, water skiing, ballooning, or using woodworking machinery driven by mechanical power
- d) Any hospitalization in any Hospital / Nursing Home Outside Sri Lankan territory.

V. TREATMENT NOT RECOMMENDED BY PHYSICIAN

Any hospitalization not recommended or undertaken by a qualified physician or undertaken in nature care clinics or hydros or during periods of quarantine.

VI. EPILEPSY OR MENTAL DISEASES

Any hospitalization caused by epilepsy fit of any kind or any nervous or mental diseases or fit disorders or treatment in mental hospitals or homes or infant welfare centres.

VII. REST CURES AND PREVENTIVE MEASURES

Any sanatoriums, spa or rest cures, or hospitalization undertaken as a preventive measure or hospitalization in an Ayurvedic Hospital or in any institution of indigenous, homeopathy or acupuncture treatment.

VIII. COSMETIC OR PLASTIC SURGERY

Any hospitalization caused by cosmetic or plastic surgery whether or not for psychological purposes.

IX. AIDS

Any hospitalization which, directly or indirectly, result from or is related to:-

- Infection by which includes zero-positivity to any Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) or any similar or related condition or

- syndrome or
- an illness or condition directly or indirectly arising from any such infection, Condition or Syndrome

X. ALCOHOL

Any hospitalization arising from or following alcohol dependence syndrome including treatment of any medical condition which, in the opinion of the Insurer's consulting physicians, is considered to be either an underlying cause of, or directly attributable to, alcohol dependence syndrome.

XI. DRUGS DEPENDENCE

Any hospitalization arising from or following drug dependence including treatment of any medical condition which, in the opinion of the Insurer's consulting physicians, is considered to be either an underlying cause of, or directly attributable to drug dependence.

XII. DRUG ABUSE

Any hospitalization arising from or following drug abuse including treatment of any medical condition which, in the opinion of the Insurer's consulting physicians, is considered to be either an underlying cause of, directly attributable to drug abuse.

XIII. SUICIDE, VENEREAL DISEASE, PHYSICAL DEFECTS AND EPIDEMICS

Intentional self-injury, suicide, attempted suicide (whether felonious or not), venereal disease, intoxication or any birth / congenital defects or infirmity, as well as any officially recognized epidemics.

XIV. AIRCRAFT

Any Insured member being in or upon or entering into or alighting from or descending or falling from aircraft of any kind other than a fully licensed standard type aircraft owned and / or operated by an air transport organization providing regular air services over established air routes which they are travelling as ticket holding passengers. The expression "aircraft" shall include any vessel, craft or thing made or intended to float or travel through the air.

XV. RACING

Any Insured member engaged in or taking part in racing of any kind other than on foot.

XVI. ARMED FORCES OPERATIONS

In naval, military or air force services or operations or participating in operations of an armed nature planned or conducting by the civil or military authorities against bandits, terrorists or other elements.

XVII. WAR AND WARLIKE SITUATIONS

Any injury from accident or any disease or directly attributable to war, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), civil war, civil commotion, popular rising, military rising, insurrection, rebellion, mutiny, revolution, confiscation, or nationalization, by or under the order of any government or public or local authority, or any act of any person acting on behalf of or in connection with any organization with activities directed towards the overflow by force of government "de jure" or "de facto" or to the influencing of it by terrorism or violence.

XVIII. NUCLEAR

Nuclear (nuclear reactions, radiation, contamination) or chemical contamination.

XIX. NATURAL HAZARD

Avalanche, earthquake, volcano eruption, or other convulsion of nature.

XX. HAZARDOUS PURSUITS

Any hospitalization caused whilst the Insured Member is engaged in any of the following hazardous pursuits:- Mountaineering or rock climbing necessitating the use of the ropes or guides, hang gliding, parachuting, professional sports, racing, pace-making, speed testing, potholing, winter sports, underwater activities requiring the use of artificial breathing apparatus and aviation (other than as a fare paying passenger in a duly certified multi-engine fully licensed passenger carrying aircraft).

XXI. DRUNKEN DRIVING

Accident arising from driving vehicles under the influence of intoxicating liquor, drugs or narcotics

XXII. OCCUPATIONAL ACCIDENTS

Occupational accidents to workers involved in abattoirs, blast, furnacing, diving, handling explosives, founderies, marine engineering, quarrying, erecting scaffolding above two storey's high, oil rigs at sea, underground working or wharfing.

3. CLAIMS PROCEDURE

A hospitalization claim should be informed within 07 days from the hospitalization to the company.

The copy of the diagnosis card required to be submitted in an event of a claim, within **90 days** from the date of discharge from the hospital.

Ancillary Benefit Endorsement:

Hospitalization Benefit Bill Cover

1. General Conditions

Following privileges and conditions are applied for the entire policy in addition to specific conditions and restrictions referred to each cover.

- 1.1. This Benefit becomes payable if the Covered Member hospitalized at Asiri Group of Hospitals Only.
- 1.2. Hospitalization shall mean admission and confinement to a Hospital as a registered In-patient for a treatment of a disease which necessitate full time doctors' observation and medical care following initial Outpatient or E T U treatment for a period not less than one night. Confinements to Hospital without diagnosis of any disease stay in a Hospital without undertaking any treatment, diagnosis which does not require any follow up treatment, treatment limited to patients regularly taken drugs shall not consider as a Hospitalization.
- 1.3. Annual Limits cannot be upgrade within the policy period.
- 1.4. The general provisions of this policy cannot be waived or changed except by an endorsement to the policy duly approved and signed by an Authorize official of the Company.
- 1.5. The age of the Covered Member must be proved before any payment is made.
- 1.6. Maximum claimable amount
Maximum claimable amount refers to the balance limit shown as at the commencement of the event and only such limit is available for claiming. Any late or backdated amendments on the limits shall not applicable for such payments.
- 1.7. Definitions
The definitions under Appendix I shall be applicable to the benefit.
- 1.8. Cover eligibility
Cover eligibility and the limitations are as stipulated in the second schedule.

2. General Exclusions

Company shall not be liable to make any payment as specified in the schedule on any cover for an event occurred under following circumstances:

- 2.1. Congenital, Internal and/or external illness/disease/defect or Genetic disorders.
- 2.2. Illness or injury arising directly or indirectly as a result of breach of law, participating in attempted performance of any criminal act, resisting arrest or any provoked assault and Domestic violation.
- 2.3. Illness or injury due to suicide or attempted suicide or self-inflicted injuries or disabilities or deliberate exposure to exceptional danger except in an effort to save human life.
- 2.4. Illness or injury due to abuse of any illegal substance, drug or alcohol and alcohol induced diseases and injuries under influence of alcohol.
- 2.5. Psychiatric mental or neuroses disorders.
- 2.6. Participation in any professional sports, any bodily contact sport or any other hazardous or potentially dangerous sports.
- 2.7. Venereal disease or any sexually transmitted disease or sickness, any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.

3. The Cover

During the policy period mentioned in the schedule if an Asiri Life Customer hospitalized due to bodily injury or sickness and injury or sickness shall necessitate medical and/or surgical treatment which necessitate hospital admission then the company shall indemnify to the Asiri Life Customer Various Expenses up to the limits listed in the policy schedule.

3.1. Specific conditions and privileges

- 3.1.1. Hospitalization recommendations
All Hospitalization and discharge shall be done upon recommendation of a medical doctor. Leave from the Hospital against medical advice shall not be considered for payment.
- 3.1.2. Claim submission under reimbursement basis
Hospitalization claim documents shall submit Within 45 days or as stipulated in the schedule of the discharge date.
- 3.1.3. Claim settlement under reimbursement basis
Eligible expenses shall reimburse to the Asiri Life Customer within 7 working days as company receives complete documentation and the payment shall be done in cheques or slip transfer as agreed by the Member.
- 3.1.4. Claim settlement directly to the Hospital
Claim settlement directly to the Hospital for eligible hospitalization claims shall be done by the company if such facility is stipulated in the schedule as available. List of hospitals providing such facility is attached under appendix 2. Claimant shall inform the Company within 4 hours of the Admission and upon the discharge in order to be eligible for the payment settlement.
- 3.1.5. Claim Document
Claims shall submit with a copy of diagnosis card, original final bill and the claim form. Additionally, the payment receipt mandatory for reimbursement claims. Diagnosis cards shall be completed with admission complaints, medical and surgical history, investigations done, treatment including drugs, discharge treatment plan, patient name, age, gender, consultants' signature, consultant's rubber stamp, admission date and discharge date. Incomplete documentation is subject to payment rejection.
- 3.1.6. Claim eligibility
Loss date of a hospitalization claim is referred to the admission date. Claims with loss date fallen out of policy effective period shall not be entertained for payment.
- 3.1.7. Waiting Period
 - a. 90 Days Waiting Period applicable from the date of registration of the cover or date of reinstatement whichever is later except when hospitalization arises from an accident.
 - b. 1 Year waiting period is applicable from the date of registration of the cover or date of reinstatement whichever is later for Cancer, Heart Disease and Kidney Disease.
 - c. 1 Year waiting period is applicable from the date of registration of the cover or date of reinstatement whichever is later for Pre-existing and recurring conditions, injuries and ailments

3.2. Exclusions

The company does not liable to pay any expenses incurred due to or directly related to following unless specifically stipulated in the schedule:

- 3.2.1. General debility, treatment or Surgery for change of life/gender, Menopause, Puberty, Child development issues and Hormonal replacement therapy other than thyroxin and insulin.

- 3.2.2. Any Circumcision and vaginal membrane repairs.
- 3.2.3. Cosmetic or aesthetic treatment of any description, Electro-cauterization, varicose laser treatment, Lasik treatment for refractive error. Any form of plastic Surgery unless necessary for the treatment of an accidental Bodily Injury, surgery to correct deviated nasal septum and hypertrophied turbinate unless necessitated by an accidental bodily Injury.
- 3.2.4. Dental treatment or surgery of any kind unless Injury to natural teeth as a result of an accident requiring hospitalized treatment.
- 3.2.5. Vision and hearing tests, cost of spectacles, contact lenses, hearing aids and squint surgeries of any description.
- 3.2.6. Hearing aids, crutches, wheelchairs, artificial limbs, dentures, artificial teeth and any internal and External appliances and fittings such as prosthesis, inhalers and inhalation devices, reusable items, disposable camera and endoscopic units or medical equipment of any kind used at home as post hospitalization care, including cardiac phase makers and studies.
- 3.2.7. Expenses incurred on Items for personal comfort like television, telephone, etc. Incurred during hospitalization and which have been specifically charged for in the hospitalization bills issued by the hospital /nursing home, any kind of service charges, surcharges levied by the hospital, non-prescribed drugs /medical supplies and patient's drugs of routine use.
- 3.2.8. Stem cell implantation / Surgery/storage and costs of donor screening or treatment.
- 3.2.9. Any child birth, miscarriages and pregnancy related ailments.
- 3.2.10. Any fertility, sub fertility treatment or assisted conception operation or sterilization procedure, birth control related treatment, treatment for sexual dysfunction or difficulties in sexual intercourse and voluntary termination of pregnancy.
- 3.2.11. Tonics, nutritional supplements, vaccinations or inoculations of any kind, vitamins and minerals of discharge plan and any discharge drugs /treatment exceeding 14 days of the discharge date.
- 3.2.12. Epilepsy, tension type headaches, Psychological conditions/ diseases and sleep/ snoring disorders including sleep apnea test.
- 3.2.13. Non allopathic methods, Naturotherapy, acupuncture, aromatherapy. Treatments in health hydro, spas, diet therapy, speech or language therapy, advanced payments nature care clinics and the like, Treatments taken at any institution which is primarily a rest home or convalescent facility, a place for custodial care, a facility for the aged or alcoholic or drug addicts even if the institution has been registered as a Hospital or nursing home.
- 3.2.14. OPD, Day care and ETU treatment not evident in a hospitalization including surgical intervention done under local anesthesia or OPD/ Day surgery which does not associated with post-surgical complications such as removal of lymphoma, sebaceous cysts, carbuncles, hematoma, callosities, keloids, warts, skin lesions, skin/sub cutaneous lumps or lymph nodes, application of POP (Plaster of Paris) or casts, wound toileting and suturing of lacerations.
- 3.2.15. Expenses incurred at Hospital or Nursing Home primarily for diagnosis, this is including stay in a hospital without undertaking any treatment or where there is no other than patient's routine drugs, but it is not applicable for patients kept under observation (KUO) after completed 6 hours' initial observation period at Emergency Treatment Unit (ETU).
- 3.2.16. Diagnostics tests, investigation, procedures or treatments not relevant or incidental to cause of admission and or final diagnosis or an emergency condition occurred while in the hospital.
- 3.2.17. Screening tests including cancer screenings, mammogram, allergens screenings, Holter monitoring VMA studies etc. And routine tests and investigation which does not urge to do during the hospitalization.
- 3.2.18. Treatment for obesity, weight reduction or weight management, issues of Appetite, liposuction and Gynecomastia treatment.
- 3.2.19. Treatment at institutes other than Asiri Group of Hospitals.
- 3.2.20. Skin care and treatment for skin Diseases unless of allergic or cancer manifestation.

Appendix I

1. Accident shall mean a sudden, unintentional, unexpected, unusual, and specific event that occurs at an identifiable time and place which shall, independently of any other cause and leading to an Injury.
2. Annual limit shall mean maximum limit available for the Asiri Life Customer to utilize for Hospitalizations from the date of registration during the policy period stipulated in the First Schedule.
3. Congenital condition shall mean any physical defect or functional abnormality existing since birth as well as neonatal physical abnormalities developing within 6 months from the time of birth including hernias of all types and epilepsy except when caused by an accident.
4. Dental treatment shall mean a treatment done by a doctor having initial B.D.S. (bachelor of dental Surgery) qualification with or without or further specialization.
5. Disease shall mean a physical condition marked by a pathological deviation from the normal healthy state.
6. Doctor charge shall mean reimbursement of the reasonable and customary charges by a consultant or Surgeon and anesthetist for medically or surgically necessary treatment.
7. Drugs shall mean medications duly registered by Drug Regulatory Authority of Sri Lanka and authorized to use in Sri Lanka Drug regulatory authority website (<http://www.cdda.gov.lk>). Preparations registered under category of cosmetics shall be considered as cosmetics.
8. Eligible expenses shall mean Medically necessary expenses incurred due to a covered disease or illness and falls under the liability of the company in accordance with Policy terms, conditions, definitions and Limitations.
9. Event limit shall mean maximum limit available to be utilized during a single Event.
10. Event shall mean hospitalization for a single Injury or disease during policy period.
11. Fertility treatment shall mean correction of sexual dysfunctions, revised birth controlling or any treatments to improve conceiving by sexual intercourse and artificial fertilizations.
12. Hospital room and board/ intensive care unit fee shall mean reasonable and customary charges medically necessary for room accommodation or intensive care unit bed and regular patient meals.
13. Hospital shall mean only an establishment duly constituted and registered at ministry of health care and nutrition as a Hospital for the care of sick and injured persons and which, has facilities for diagnosis and major surgery, and provides 24 hours a day nursing services by registered and graduated nurses.
14. Hospitalization means confinement to a hospital for a treatment as a registered inpatient for treatment of a disease which necessitate to have full time doctors' observation and hospitalized management after the initial surgical or medical treatment.
15. Injury shall mean bodily damage caused solely by an accident.
16. In-patient shall mean a person confined to overnight stay in the Hospital for clinical management of a disease or an Injury.
17. Investigation charges shall mean fee for radiological imaginations such as X-ray, laboratory examinations, instrumental investigations such as electrocardiograms and investigatory procedures to diagnose or exclude a particular disease or set of diseases.
18. Medical doctor shall mean a registered medical practitioner with M.B.B.S. degree or equivalent qualification, qualified and licensed to practice western medicine and is practicing within the scope of his licensing in the geographical area in Sri Lanka such practitioner shall registered and listed under Sri Lanka medical council, but doctor who is the Insured himself shall not be considered.
19. Medical or surgical treatment necessitated Hospitalization shall mean Medical or surgical treatment which is not available at Outpatient setups or otherwise associated with a significant risk to treat as an Outpatient. Such treatment shall require physically stay in the hospital for the whole period of confinement.
20. Medical specialist shall mean a medical practitioner registered and licensed as such in the geographical area of his practice where treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine with further specializations following MBBS Qualification and registered under postgraduate institute of medicine Sri Lanka (<http://www.cmb.ac.lk/pgim/boc/index.php>) or private health service regulatory council of Sri Lanka

(<http://www.phsrc.lk/membersearch.html>) as a specialist but excluding a specialist or surgeon who is the insured himself.

21. Medically necessary shall mean a medical service which is consistent with the diagnosis and customary medical treatment for a covered disease or illness and In accordance with standards of good medical practice, consistent with current standard of professional medical care and of proven medical benefits and not for the convenience of the Asiri Life Customer, specialist, Surgeon or the general practitioner and not of an experimental, investigational or research nature, preventive or screening nature for which the charges are fair and reasonable and customary for the disease or illness.
22. Ophthalmologist or eye surgeon shall mean a medical practitioner registered and licensed as such in the geographical area of his practice where treatment takes place and who is classified by post graduate institute of medicine and listed at (www.Pgim.ac.uoc.lk.edu) as a person with superior and special expertise in eye treatment and surgeries with further specialized degree following MBBS Qualification.
23. Outpatient shall mean the person receiving medical care or treatment without being hospitalized including the treatments in a day care center, day surgery units or emergency treatment unit(ETU).
24. Life Proposed shall mean the corporate to which the policy has been issued and which has paid or agreed to pay the premium to cover persons specifically identified as Asiri Life Customer in this policy.
25. Pregnancy related ailments shall mean the diseases and conditions induced by pregnancy, disturbs continuation of pregnancy or caused by termination of pregnancy.
26. Surgeon shall mean a medical specialist specialized in Surgery.
27. Surgery shall mean any of the following medical procedures: To incise, excise or electro cauterize any organ or body part to repair, revise or reconstruct any organ or body part except for dental services.
28. Pre-existing conditions shall mean physical or mental defect existed prior to the commencement of the policy.

Appendix 2

Approved Hospital List

Name of the Hospitals	Address of the Hospitals
Asiri Medical Hospital	➤ No. 181, Kirula Road, Narahenpita, Colombo 5, Sri Lanka.
Asiri Surgical Hospital	➤ No. 21, Kirimandala Mawatha, Narahenpita, Colombo 5, Sri Lanka
Asiri Central Hospital	➤ No.114, Norris Canal Road, Colombo 10, Sri Lanka
Asiri Hospital Matara	➤ No.191, Anagarika Dhamapala Mw, Matara, Sri Lanka. ➤ No.26, Esplanade Road, Uyanwatta, Matara, Sri Lanka
Asiri Hospital Galle	➤ No. 10, Wakwalla Road, Galle, Sri Lanka.
Asiri Hospital Kandy	➤ No. 907, Peradeniya Road, Kandy, Sri Lanka.