Group Life Assurance Policy

Whereas this policy has been effected with the Softlogic Life Insurance PLC (herein after called "the company") by the Assured named in the first schedule hereto, and whereas the Assured 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 Assured 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.

DD/MM/YYYY

.....

Date

.....

Authorized Signatory

Second Schedule

Special Conditions

1. Definition

It is expressly declared and agreed between the company and the Assured that for the purpose of this policy.

Policy Term – Guaranteed Five years period subject to annual review of premium.

Policy Year - Period of one year from the commencement date or any renewal date.

Renewal Date - Any subsequent anniversary of the commencement date.

Member means a person in the regular full time service of the Assured.

Eligible Member means an member who is eligible for assurance under this Policy in accordance with Condition 2 of this Schedule.

Member means an eligible member who is included in this Policy

Date of Inclusion means the date on which an eligible member becomes a member.

Words importing the singular number include the plural number and vice versa and words of masculine gender shall include the female unless the context otherwise requires.

2. Eligibility

The members eligible for assurance are the present and future full time members of the Assured between the ages of 18 to 65 years unless it is stipulated in the first schedule.
Present members will be eligible as from the commencement date. Future members will be eligible as from the first day of the month following their employment.

If an member is not actively at work on the date he becomes eligible for assurance in accordance with the aforementioned requirements, his eligibility date will be postponed to the first day of the month following his return to active full time work.

3. Effective Date of Individual Assurances

Subject to the participation requirements as per Condition 4 and any evidence of insurability as laid down in Condition 5 hereof, each eligible member shall become a member as from his eligibility date.

4. Participation Requirements

In order to establish this Policy and for it to remain in force, it is agreed that 100% of all present and 100% of all future eligible members shall be included under the Policy as per the staff category approved by the Assured initially. Should less than 10 members be covered, the Company reserves the right to review the conditions of the Policy.

5. Evidence of Insurability

Unless otherwise agreed by the Company in writing, evidence of good health shall be submitted to the Company in respect of an eligible member or a member who does not qualify for Non-Medical Limit according to the Company's underwriting rules and/or whose sum assured exceeds the Non-Medical Limit as stipulated in the first schedule.

If such evidence is not provided or is not satisfactory to the Company, the sum assured in respect of such eligible member or member shall be modified or the premiums in respect of such eligible member or member shall be increased in such manner as the Company may think fit except that the sum assured already in force in respect of such member shall not be affected and an increase in premium shall only be made with the consent of the Assured.

6. Particulars to be furnished

The Assured shall furnished the Company with the full names and ages of all eligible members and members, details of the dates on which members leave the service or on which Condition 5 or 10 applies to eligible members or members and with all other information necessary to determine the benefits and premiums under this Policy.

Such particulars shall, unless otherwise agreed by the Company in writing, be furnished on the commencement date and, in respect of all members included in this Policy during the previous policy year, on each renewal date; but the Company reserves the right to require the Assured to furnish such particulars.

a. At more frequent intervals if less than 10 members were included in this Policy at the beginning of the current policy year or
b. On a date other than a renewal date where, in the opinion of the Company, there has been a significant change in the aggregate of the sums assured under this Policy.

7. Amount of Sum Assured

The sum assured in respect of each member shall, subject to the conditions of this Policy be as per Appendix 1 (Schedule of lives assured)

8. Amount of Premium

The Company reserves the right to modify these premiums by giving at least 1 months' notice in writing to the Assured, such modification taking effect from the next renewal date of this Policy.

The premium payable by the Assured in each policy year shall be the aggregate of the premiums for all the members included in the Policy at the Policy at any time during the policy year.

9. Beneficiaries

Any eligible member may, subject to the laws and regulations governing such matters, on becoming a member nominate the beneficiary, who shall be entitled to receive the sum assured and at any time thereafter alter any such nomination previously made, provided that notification is given in writing to the Assured and provided further that no nomination takes

effect unless it is in compliance with the laws and regulations. If there is no beneficiary living at the time of the member's death, his legal representatives shall be entitled to receive the sum assured.

10. Temporary Absence

If, whilst remaining an member of the Assured, a member is absent from work, he shall remain a member for the period of such absence up to a maximum of three (3) weeks per year

1. the period of absence if he is on leave or if he is absent for the purpose of an approved course of study or training or
2. two consecutive months if the absence is due to sickness or injury,

and during such period the sum assured in respect of him shall be the amount it was on the last day before such absence commenced. Where such absence continues for more than the said maximum period, the member shall be deemed to have ceased to be a member at the end of that maximum period.

11. 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 member of the Assured;
c. The date on which he is deemed to have ceased to be a member under Condition 10 hereof;
d. The date on which he attains his age 65 or as stipulated in the first schedule;
e. Any other date on which he ceases to eligible for assurance.
f. 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 Assured 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.

2. Amendment or Alteration Of This Policy

This Policy may be amended or changed at any time, without the consent of the members assured hereunder, upon written request made by the Assured and agreement by the Company. Any amendment or change to this Policy shall be binding on all members 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 day prior notice in writing by ordinary post to the policy holder's last known address in the company's records.

The insured shall give notice in writing to the company of any change in address, business or occupation, or of the trade or occupation

3. Assignments

Notice of assignment of the Policy by the Assured shall be deposited at the head office of the Company.

Notwithstanding the above, no individual member may assign a part or the whole of any assurances provided for his benefit under this Policy.

4. Records

The Company shall keep a record of the members, which contains, for each member, 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 Assured relating to the individual assurances effected hereunder.

5. Payment Of Premiums

All premiums shall be a payable at the Head Office of the Company.

Thirty days of grace or such greater period as the Company may decide are allowed for the payment of second and subsequent premiums under this Policy. If any premium is not paid within the days of grace, this Policy shall not remain in force but the Assured shall be liable to the Company for the payment of all premiums due to the date of termination. If, however, during the days of grace the Assured notifies the Company in writing that this Policy is to be discontinued, this Policy shall be terminated on the day the Company receives the notice. The Assured shall then be liable to the Company for all premiums unpaid together with a pro rata premium for the days of grace during which this Policy was in force.

6. Claims

The Assured shall notify the Company of the death of any member within two weeks 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 member and the amount of that sum assured. If the age of any member proves to have been understated the sum assured shall be appropriately reduced.

Should death of a member 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.

7. Change of Ownership

If the business of the Assured 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 Assured hereof.

8. Renewal Privilege

This Policy is issued for one year as from the commencement date specified in the First Schedule and may be renewed by the Assured 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 policyholder 30 days in advance in writing.

9. Termination of This Policy

This Policy will be terminated upon non-payment of premium as provided for under Condition 5 hereof. The Company may also terminate the Policy by written notice mailed to the Assured at least 30 days before termination date (any renewal date) if at any time the number of members assured under this Policy is less than the minimum provided for under Condition 4 of the Second Schedule.

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 8 of the Second Schedule and Condition 5 of the Third Schedule shall take the form of a single amount payable by or to the Assured, as the case may be, on the date the adjustment is calculated.

10. Exclusions

No benefit shall be payable in the event of death of the Assured arising directly or indirectly as a result of active participation or any attempted participation of the Assured in any War, invasion, act of foreign enemy, hostilities, war like operations (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, terrorist act, revolution, insurrection, military or usurped power, riot or civil commotion, strikes or any act of any person acting on behalf of or in connection with any organization actively directed towards overthrow by force of any Government or to the influencing of it by terrorism or violence.

If the Life Assured 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 Levis which is falling under current period or future period.

11. Law

This Policy shall be governed by and interpreted according to the laws of Democratic Socialist Republic of Sri Lanka.

12. Cancellation

This policy either in its entirely or in respect of any particular life insured may be canceled 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 or prior loss consequent upon injury or sickness to any life insured, and provided that the company return to the insured the premium paid by him/her either for the policy in its entirely or for the particular life insured concerned less a pro-rata part thereof for the period for which the policy has been in force, either in its entirely or in respect of the said life insured whichever the case may be.

By like notice to the company the insured may at any time cancel this policy, in which case the company will retain a proportionate premium on the customary short period rates for the time the 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 premium, 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 period of insurance

13. Alterations to the policy

The company reserves the right to amend the terms and provisions of this policy by giving a 30 day prior notice in writing by ordinary post to the policy holder's last known address in the company's records. The insured shall give notice in writing to the company of any change in address, business or occupation, or of the trade or occupation

14. Certification, information and evidence

All certificates, information, evidence, brake ups as required by the company shall be furnished at the expense of the insured and in such a form that the company may require.

15. Arbitration

All differences arising out of this policy shall be referred to the decision of an arbitrator or two arbitrators, one to be appointed in writing, within one calendar month, in case the arbitrator does not agree the arbitrators shall apply for decision of the insurance ombudsman. If the company shall disclaim liability to the insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been referred to arbitration under the provisions herein contain, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

16. Co-payments

If any co-payment company shall retain the original documents and issue a letter stating the settled amount together with a set of certified true copies of claim documents to the co-paying body.

17. Excess

Excesses shall be deducted from claim payments in manner stipulated in first schedule.

18. Receipts

No payment in respect of any premium shall be deemed to be payment to the company unless a printed form of receipt for the same, signed by an authorized officer of the company, shall have been given to the insured.

19. Notice

Every notice or communication to the company shall be in writing and sent to the company address. Notice to policy holder shall be sent to last known address or to the e- mail address of policy holder or to a person specified by Policy holder.

20. Minimizing Accidents

During the course of the employment of the lives insured by the insured, the insured shall take all reasonable precautions to prevent accidents and shall comply with all statutory obligations relating to such employment.

Additional provisions Ancillary benefits endorsements

a) Hospitalization Benefit Bill Cover

Ancillary benefit endorsement:

Hospitalization Benefit Bill Cover

The hospitalization expenses cover is applicable if such cover is included and appeared in the First schedule.

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 New member Inclusions or member changes

All new inclusions and changes shall be informed to the company within one calendar month of a new recruitment or promotion or new born child or spouse of a newly married whichever the case may be. Such inclusion shall be effective after 24 hours of such instructions received by the company. Inclusion of any other family member shall not be entertained in between the policy Period.

1.2 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.

1.3. Definitions

The definitions under Appendix No 03 shall be applicable to the benefit

1.4. Cover eligibility

Cover eligibility and the limitations are as stipulated in the second schedule and Appendix 2

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-inflected 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.

2.8. Preexisting and recurring conditions, injuries and ailments Existing

3. The Cover

During the policy period mentioned in the schedule if an insured person 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 insured 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. Ayurveda treatment
Hospitalized Ayurveda treatment by a registered Ayurveda physician shall be considered when such cover is shown as applicable in first schedule.

3.1.3. Claim submission under reimbursement basis
Hospitalization claim documents shall submit Within 60 days or as stipulated in the schedule of the discharge date .

3.1.4. Claim settlement under reimbursement basis
Eligible expenses shall reimburse to the insured within 7 working days as company receives complete documentation and the payment shall be done in cheques or slip transfer as agreed by the policy holder.

3.1.5. 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 annexure 1. Claimant shall inform the Company within 4 hours of the Admission and upon the discharge in order to be eligible for the payment settlement.

3.1.6. 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, consultants rubber stamp, admission date and discharge date. Incomplete documentation is subject to payment rejection.

3.1.7. 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.

3.1.8. Waiting period – No waiting period applied

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. 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. 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).

3.2.15. 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

3.2.16. 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

3.2.17. Treatment for obesity, weight reduction or weight management, issues of Appetite, liposuction and Gynecomastia treatment

3.2.18. Treatment at institutes mentioned as Un accepted under Annex 3

3.2.19. Skin care and treatment for skin Diseases unless of allergic or cancer manifestation

4.0. Out Patient treatment cover

The out patient treatment cover is applicable if such cover is included and appeared in the policy schedule

4.1. The Cover

Subject to the terms and conditions set out below and whilst the Policy is in force, if proof satisfactory to the company is submitted that the Insured incurred medically necessary expenses as an out patient at a Hospital, laboratory, consultation service or similar registered establishment or a dental service company shall pay the indemnity in respect of any of the various expenses listed in part 2 of first schedule of the Hospitalization insurance policy up to the limits stipulated thereof.

4.2. Specific conditions and privileges

4.2.1. Ayurveda treatment

Ayurveda treatment by a registered ayurveda physician shall be considered when such cover is shown as applicable in first schedule.

4.2.2. Drug prescription duration.

The lost date of the drug claim referred to the date of the prescription when the treatment duration mentioned less than one month. For the prescription exceeding one month duration each date completing one month consequently will be consider as loss date for the drug claim of that month and will be paid accordingly. Therefore the drug purchases shall pay maximum for one month in a single purchase.

4.2.3. E channeling

E channeling bill shall be accompanied with the prescription only.

4.2.4. Photocopy

Photocopies of the prescriptions are accepted if repeat instructions or photocopy of a diagnosis card, immunization record, maternity record or clinic book. In all other cases original prescription has to be submitted

4.2.5. Vaccinations

Government schedule Vaccinations or tetanus and rabies vaccines are covered if such cover specifically mentioned in the First Schedule

4.2.6. Vitamins and mineral Pills:

Prescribed Folic acid, iron and vitamin pills are covered for pregnant mothers if such cover is specifically mentioned in the second part of schedule 1. Although it is limited to pills registered under Drug regulatory authority

4.2.7. Non allopathic treatment

Non allopathic treatment prescribed by a registered practitioner shall be payable if such cover specifically mentioned in the second part of schedule 1

4.2.8. Documentation

For covered out patient expenses the original prescription, bills, payment receipts and completed claim form shall produce unless a consultation fee. All bills shall be in standard format with items, unit prices, quantities and totals printed in a paper head

with billing agents' name, contact details and the address. Consultation payment receipts issued in a doctors paper head or by a recognized institution are accepted for payments. All the prescriptions shall be in accordance with prescription standards and duly authorized by the doctors with a rubber stamp

4.3. Cover Exclusions

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

4.3.1. Any consultation ,investigation or treatment for sexually transmitted disease , psychiatric or psychological Condition, pregnancy related conditions, sub fertility, infertility, cosmetic treatment

4.3.2. Dental treatment other than Fillings, extractions, mandibulo -maxilliary surgeries, salivary gland surgeries and incision and drainage of abases or cyst.

4.3.3. Acne and alopecia treatment, Drugs/preparations used in treatments of skin conditions in form of topical prays, shampoo, soap and bars and any preparation registered under the cosmetic category of Drug regulatory authority of Sri Lanka

5.0. Spectacle Cover

The spectacle cover is applicable if such cover is included and appeared in the schedule

5.1. If proof satisfactory to the company is submitted that the Insured incurred expenses at an optician for spectacle or contact lenses for correction of near-sightedness prescribed by registered Ophthalmologist or an Eye surgeon company shall pay the indemnity in respect of spectacle expenses listed in second part of first schedule limits stipulated thereof. Cosmetic lenses, Reading glasses, Spectacles used for purposes other than correction of near-sightedness. Bills received from opticians listed under annexure 4 shall not be considered for payments.

5.2. Specific conditions and privileges

5.2.1. Confirmation

Confirmation on spectacle use must be submitted from an authorized officer of company human resources.

5.2.2. Consultation

All spectacle recommendations shall be obtained consultation of an ophthalmologist or an Eye surgeon at a channeling center of company Em-paneled hospital. Channeling fee can be reimburse under out patient benefit if available and original channeling receipt has to be produced as the proof of consultation.

Appendix II Definitions

1. Accident shall mean a sudden, unintentional, unexpected, unusual, and specific event that occurs at an identifiable time and place which shall, in dependently of any other cause and leading to an Injury.

2. Annual limit shall mean maximum limit available for the Insured to utilize for Hospitalizations during the policy period stipulated in the 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. Dependent shall mean legally married spouse, unmarried children over one year old but under nineteen (19) years of age or Twenty-one (21) years of age is still on full-time higher education and who are not gainfully employed unless specifically mentioned in the schedule.

6. Disease shall mean a physical condition marked by a pathological deviation from the normal healthy state.

7. Doctor charge shall mean reimbursement of the reasonable and customary charges by a consultant or Surgeon and anesthetist for medically or surgically necessary treatment

8. 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 consider as cosmetics.

9. 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.

10. Event limit shall mean maximum limit available to utilize during a single Event

11. Event shall mean hospitalization for a single Injury or disease during policy period. Pre and post hospitalization out-patient expenses related to any such event shall consider up to 7 days before and 7 days after the hospitalization and accommodate within event limit stipulated in first schedule. If treatment of multiple diseases or injuries occur during a single hospitalization each diseases or injuries considers as separate event and only events urges a hospitalization shall be consider for payments.

12. Excess shall mean the percentage or the amount which has to be borne by the insured for each and every claim during the policy period

13. Family limit shall mean maximum limit available to utilize by the insured together with dependents

14. Fertility treatment shall mean correction of sexual dysfunctions, revised birth controlling or any treatments to improve conceiving by sexual intercourse and artificial fertilizations.

15. Individual limit shall mean maximum limit available for each Insured person

16. Gross up limit shall mean aggregated Individual limit available to utilize by the insured and dependents collectively.

17. 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.

18. 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 hour a day nursing services by registered and graduated nurses.

19. 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.

20. Injury shall mean bodily damage caused solely by an accident.

21. In-patient shall mean a person confined to overnight stay in the Hospital for clinical management of a disease or an Injury

22. Insured person shall mean members and their dependents within age limits stipulated in first schedule whom policyholder requests to include paying respective premium where such members accepted by the company in accordance with the terms and conditions.

23. 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

24. 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.

25. Medical or surgical treatment necessitated Hospitalization shall mean Medical or surgical treatment which is not available at Out patient setups or otherwise associated with a significant risk to treat as an Out patient. Such treatment shall require physically stay in the hospital for the whole period of confinement.

26. 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 specialists or surgeon who is the insured himself.

27. 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 Insured, 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.

28. 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

29. Out patient 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).

30. Policy holder 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 insured person or persons in this policy.

31. Pregnancy related ailments shall mean the diseases and conditions induced by pregnancy, disturbs continuation of pregnancy or caused by termination of pregnancy.

32. Surgeon shall mean a medical specialist specialized in Surgery

33. 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.

34. Preexisting conditions shall mean physical or mental defect existed prior to the commencement of the policy.