

## About the Scheme

1. Affordable Health Insurance to PwDs.
2. Health insurance cover of up to Rs. 1.0 lakh.
3. Facility for OPD treatment including the medicines, pathology, diagnostic tests, etc, Regular Medical checkup for non-ailing disabled, Dental Preventive Dentistry, Surgery to prevent further aggravation of disability, Non- Surgical/ Hospitalization, Corrective Surgeries for existing Disability including congenital disability, Ongoing Therapies to reduce impact of disability and disability related complications, Alternative Medicine.
4. Transportation costs.
5. No pre-insurance medical tests required.
6. The scheme will be available in the entire country .

### Scheme Description

The scheme envisages delivering comprehensive cover which will

- Have a single premium across age band
- Provide same coverage irrespective of the type of disability covered under the National Trust Act
- Insurance cover upto Rs.1.0 lakh , on reimbursement basis only.
- All persons with disabilities under the National Trust Act with valid disability certificate will be eligible and included.
- No pre-insurance medical tests
- Treatment can be taken from any hospital.

OVERALL LIMIT OF THE COVERAGE FOR A PERSON: Rs.1,00,000/-		OVERALL LIMIT FOR OPD Treatment 15000/-		Overall Limit for Out Patient Department 15000/-	
SECTION	DETAIL	SUB	OVER ALL LIMIT OF HOSPITALIZATION	A	B
I	Corrective Surgeries for existing Disability including congenital disability	Non-Surgical/ Hospitalization	15,000/-	40,000/-	15,000/-
II	OPD including the regular medical checkup, medicines, pathology, diagnostic tests, etc.	Dental Preventive Dentistry	15000/-	4000/-	15000/-
III	Ongoing Therapies to reduce impact of disability and disability related complications				
IV	Alternative Medicine				
V	Transportation costs				

**Niramaya's Health Insurance Scheme Proposed Benefit Chart (on Reimbursement Basis only)**

NIRAMAYA' HEALTH INSURANCE SCHEME REVISED BENEFIT CHART				
ON REIMBURSEMENT BASIS ONLY				
SECTION	SUB-SECTION	DETAIL	SUB LIMIT	OVER ALL LIMIT OF SECTION
I	Over all Limit of Hospitalization			55000/-
	A	Corrective Surgeries for existing Disability including congenital disability	40,000/-	
	B	Non- Surgical/ Hospitalization	15,000/-	
II	Overall Limit for Out Patient Department (OPD)			19000/-
	A	OPD treatment including the regular medical checkup, medicines, pathology, diagnostic tests, etc.	15000/-	
	C	Dental Preventive Dentistry	4000/-	
III	Ongoing Therapies to reduce impact of disability and disability related complications			20000/-
IV	Alternative Medicine			4000/-
V	Transportation costs			2000/-
OVERALL LIMIT OF THE COVERAGE FOR A PERSON: Rs.1,00,000/-				

**THE NATIONAL TRUST**

*The National Trust for the Welfare of  
Persons with Autism, Cerebral Palsy,  
Mental Retardation and Multiple  
Disabilities.*

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NIRAMAYA  
(Health Insurance Scheme)

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throughout the year. Kindly contact the nearest Registered Organisation

## Eligibility Criteria

### Eligibility Criteria for Registered Organisation(ROs)

All ROs of the National Trust after paying the registration fee of Rs.1000/- could get registration under the Niramaya Health Insurance Scheme of the National Trust for further enrolling the Persons with Disabilities (PwDs) under the National Trust Act.

### Eligibility Criteria for PwD

All PwDs who have at least one of the disabilities under the National Trust Act, 1999 with valid disability certificate are eligible to apply for the scheme.





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## Enrolment Process

### I. Enrolment Process

#### Enrolment of Beneficiaries

Any eligible person can apply for enrolment under the Scheme in the prescribed format given on the website and submit it to the nearest organization registered with the National Trust or to any other agencies specially entrusted in this regard by the National Trust at any time during the year. On successful enrolment and approval, Health ID No./ card will be issued to each beneficiary and then can print Ecard through the website.

There will be a nominal processing fee as determined from time to time which shall be payable to the National Trust.

Fresh enrolment may be done throughout the year through National Trust Registered Organizations.

Both the fresh enrolment and renewal will be from the enrolment date with the Insurance Company to the end of the financial year. Any beneficiary enrolled during any month of the financial year will be covered upto 31<sup>st</sup> March. The enrolment / renewal fee will be full and will be eligible to claim upto Rs.1 lakh.

#### Premium & other charges

The insurance company shall be selected and premium shall be decided through a transparent process. The premium amount shall be paid by the National Trust in advance to the selected Insurance Company.

### II. Enrolment Process

1. RO to send the online application form/proposal.
2. Fill up the Niramaya application form online and upload the scanned documents as required after verification of originals.
3. Submit the duly filled in form on the National Trust portal.
4. Pay the application fees online (as detailed in the table).

PWD CATEGORY	ENROLMENT FEE (IN RS)	REQUIRED DOCUMENTS
Below Poverty Line(BPL)	Rs. 250/-	Disability certificate (self attested) issued from the District Hospital or appropriate Government authority BPL card Address Proof
Non BPL	Rs. 500/-	Disability certificate issued from the District Hospital or appropriate Government authority (self attested) Address Proof Income certificate of (self attested) the parent/guardian competent authority as issued by the State
PwD with Legal Gurdian (Other than	Free	Disability certificate(self attested) issued from the District Hospital or appropriate



**PwD Enrolment by RO (first approval) process**

PwD enrolment process defines the steps to be followed while enrolling for Niramaya for the first time. It also details out the required information and documents at each step and timelines for various activity wherever applicable.

Any eligible person can apply for enrolment under the Scheme in the prescribed format through the nearest organization registered with the National Trust or to any other agencies specially entrusted in this regard by the National Trust at any time during the year. The PwD will be responsible for paying the application fee as applicable and the RO will be entitled to INR 40 payable by National Trust per form for processing.

**STEP 1.** Parents/guardian of the PwD will visit the nearest RO for Niramaya enrolment with required documents (as detailed in Step 2)

**STEP 2.** The RO will follow the process detailed below for enrolment of the PwD:

RO to send the online application form/proposal

Fill up the Niramaya application form online and upload the scanned documents as required after verification of originals

Submit the duly filled in form on the National Trust portal

Pay the application fees online (as detailed in the table)

The following table details the application fee and supporting documents for each category of PwDs.

PWD CATEGORY	ENROLMENT FEE (IN RS)	REQUIRED DOCUMENTS
Below Poverty Line(BPL)	Rs. 250/-	Disability certificate (self attested) issued from the District Hospital or appropriate Government authority BPL card Address Proof
Non BPL	Rs. 500/-	Disability certificate issued from the District Hospital or appropriate Government authority (self attested) Address Proof Income certificate of (self attested) the parent/guardian competent authority as issued by the State
PwD with Legal Gurdian (Other than natural parents)	Free	Disability certificate(self attested) issued from the District Hospital or appropriate Government authority. Legal Guardian Certificate issued from the Local Level Committee constituted under section 13 of The National Trust Act, 1999 Address Proof

*Note: Documents received without application fees shall not be entertained*

**STEP 3.** After the National Trust receives the application form and the documents, these are checked for completion. However, if there is any missing information or wrongly submitted information which needs to be submitted again, the RO is given 15 days' time to submit it again.

**STEP 4.** On successful enrolment and approval, Health ID No. /card will be issued to each beneficiary.

Communication to RO by the National Trust shall be done within 30 days on receipt of final documents.

**STEP 5.** Enrolment is completed the Health ID card is uploaded online and can be downloaded by the beneficiary online or through RO.

**Enrolment and Renewal Fee**

The enrolment / renewal fee is for one year i.e. upto 31<sup>st</sup> March of next year. This means, every year the renewal of policy has to be done online through [www.thenationaltrust.gov.in](http://www.thenationaltrust.gov.in) by beneficiary or NGO and the fee has to be paid as per the applicable rate (fixed by the National trust) directly in the Bank.

**Guidelines for Enrolment**

Enrolment is being done online by all Registered Organisations. List of Registered Organisations is available on the website.

The applicant is required to submit the duly filled in enrolment form to the registered NGO, along with the following documents :

1. Disability certificate issued from the District Hospital or appropriate Government authority.
2. Address Proof.

<https://www.thenationaltrust.gov.in/content/scheme/niramaya.php>

3. One Passport size photograph of the Special Need person.
4. PL card, if applicable.
5. Income certificate (Latest IT return, or Income certificate from Tehsildar).
6. Proof of payment of applicable fee (Bank receipt).
7. Bank details for settlement of claims.





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### Claim settlement

#### IV. Process of Claim Settlement

Claim Form for settlement, through reimbursement basis only, under Niramaya has to be submitted in the prescribed Claim Form alongwith relevant vouchers / bills, etc. within 30 days of treatment or discharge from hospital. The claim form can be downloaded from the website and sent to the Third Party Administrator, authorised by the Insurance Company.

1. The Insurance Company for the period 2015-16, is The Oriental Insurance Co. Ltd., DO -20,N-39, Bombay Life Building, Connaught Circle, New Delhi-110001; and
2. Third Party Administrator (TPA) is Raksha TPA Pvt. Ltd,
3. Claim Form may kindly be sent to the Regional Centres of Raksha TPA Pvt. Ltd. For the list [click here](#).
4. For any query regarding reimbursement of claim, kindly contact :

Head office of Raksha TPA Pvt. Ltd. C/o. Escorts Corporate Centre, 15/5 Mathura Road, Faridabad – 121 003, Haryana. Tel.No.0129 4289999, 18001801444.

#### Contact persons of Raksha TPA (Oriental Insurance Co.)

Mr. Ravi Seth 9810413456

NO	EMPLOYEE	CONTACT NO.	EMAIL ID
1	Mr. Ashok Narwat	7838151524	ashok.narwat@rakshatpa.com
2	Mr. Rituraj	8860612186	rituraj@rakshatpa.com

#### Guidelines for Claim Settlement

- (a) Copy of Niramaya card or mention Health ID No.
- (b) Self-Attested copy of Disability Certificate.
- (c) All original prescription papers given by the doctor.
- (d) All original bills of Hospital / Medicine / Doctor fee / Therapy fee / Conveyance etc.,
- (e) All reports in Original.
- (f) Complete bank details of Beneficiary: Account No. / Bank Name / Branch (City & State)  
IFSC Code.
- (g) Name of Account Holder.

Most Important Tip: Please update your mobile number to get updated information about NIRAMAYA on regular basis.

Download Claim Form





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**Renewal and Enrollment of beneficiaries under Niramaya is open**

## Renewal Process

The Niramaya scheme is valid till March 31st of the financial year in which enrolment is undertaken. Beneficiaries are expected to submit the renewal application three months prior to expiry to continue availing the scheme.

The other way, they can visit the nearest RO registered under Niramaya Scheme with the required documents as given in the table below according to the category for renewal of scheme. The steps to be followed by the beneficiary for renewal through RO are as under:-

**STEP 1.** Parents/guardian of the PwD will visit the nearest RO for Niramaya renewal

with required documents (as detailed in Step 2)

**STEP 2.** The RO will follow the process detailed below for renewal of the PwD:

RO to verify the validity of documents (outlined in the table given below)

Click on the renewal link on the Niramaya website

Pay the application fees online (as detailed in the table)

PWD CATEGORY	RENEWAL FEE (IN RS)	REQUIRED DOCUMENTS
Below Poverty Line(BPL)	Rs. 50/-	Disability certificate (self attested) issued from the District Hospital or appropriate Government authority BPL card Address Proof
Non BPL	Rs. 250/-	Disability certificate issued from the District Hospital or appropriate Government authority (self attested) Address Proof Income certificate of (self attested) the parent/guardian competent authority as issued by the State
PwD with Legal Gurdian (Other than natural parents)	Free	Disability certificate(self attested) issued from the District Hospital or appropriate Government authority. Legal Guardian Certificate issued from the Local Level Committee constituted under section 13 of The National Trust Act, 1999 Address Proof

**STEP 3.** After receipt of payment, the RO/beneficiary will be notified of the renewal for another year through the website.

## Enrolment and Renewal Fee

The enrolment / renewal fee is for one year i.e. upto 31<sup>st</sup> March of next year. This means, every year the renewal of policy has to be done online through [www.thenationaltrust.gov.in](http://www.thenationaltrust.gov.in) by beneficiary or NGO and the fee has to be paid as per the applicable rate (fixed by National trust) directly in the Bank.

<https://www.thenationaltrust.gov.in/content/scheme/niramaya.php>



## **Present Terms and Conditions related to Niramaya Health Insurance Scheme**

### **RESPONSIBILITIES**

#### **THE TRUST**

1. Shall pay the required premium of Rs.99/- (Rupees Ninety Nine) (i.e. Rs.69/- plus Rs.30/- as Service Charges), per beneficiary, per year plus GST, if applicable, as per rate applicable for covering Hospitalization and treatment expenses in hospitals and OPD services / treatment in all the Hospitals for a Sum Insured of Rs.100000/- (Rs. One Lac) (subject to the sub limits as stated in Annexure – '1') at the hospitals, for such of those persons, with disabilities as are coming under the National Trust Act, irrespective of their income levels.
2. Shall pay the agreed premium to the Insurer by way of advance payment for the beneficiaries enrolled.
3. Shall replenish the amount of claims received by Insurance Company after hitting of Stop Loss i.e. after settlement of claims by the Insurance Company equivalent to 120% of the premium paid for the beneficiaries covered under the scheme.
4. Shall provide the data of the beneficiaries to be covered in the policy for the fresh enrollment and the renewal of the already enrolled beneficiaries.
5. Shall extend all cooperation and facilitate smooth underwriting and claims settlement.

#### **THE INSURER**

1. Shall issue a Master Policy to The Trust for a period of One Year and cover the risks of Hospitalization and Treatment in Out Patient Departments at various hospitals in the entire country.
2. Shall under no circumstance, cancel the Master Policy within one year from the date of commencement of the policy except when:
  - (i) Operation on stop loss provision whereby the claims related outgo under the Policy reaches an amount equivalent to 120% of the premium @Rs.69/- appropriated and the Policy is not reinstated, as mentioned in the termination section, and /or
  - (ii) This MOU has been terminated under any of the events mentioned in the termination section.
3. Shall charge a premium of Rs.99/- (Rupees Ninety Nine only) i.e. 69/- plus admin charges @Rs.30/- per beneficiary, per year, plus GST if applicable, for a sum Insured of Rs.1,00,000/- (Rs. One Lac) subject to sub limits as defined in Annexure '1'
4. Shall immediately refund on the expiry or termination of this MOU, any amount including GST received in excess of premium and GST applicable against beneficiaries actually covered or adjust the said remaining amount towards the premium for the next policy, depending on the option exercised by the Trust.



5. Shall issue Health ID No. to each of the beneficiary coming under the scheme within two weeks from the date of submission of the required details about the persons with disabilities as provided by the trust.
6. Shall on receipt of the instructions from the Trust for renewing the cover for a set of beneficiaries, renew the same without issuance of the fresh card. For the beneficiaries not renewed cover will not be provided during the renewal period.
7. Shall admit the claims for the treatment taken in Hospitals / Clinics, who are equipped with facilities, as per prevalent norms and guidelines of IRDA for health insurance in the country for treating beneficiaries as In-Patients and also extend Out-patients treatment facilities.
8. Shall reimburse out-patient treatment expenses by ECS (RTGS/NEFT) in the name of the beneficiary within 30 days from the date of receipt of the required claim documents from the beneficiary.
9. Shall submit to the Trust the details of claim received, claim settled, claim in process and claim declined, in a format, on monthly basis latest by the 10<sup>th</sup> day of every month for the preceding month.
10. Shall submit to the Trust the Bank reconciliation statement of the NEFT / RTGS for the settled claims in a format, on monthly basis, latest by the 10<sup>th</sup> day of every month for the preceding month. Non compliance to this will be treated as no claim during the month and in such case no claim will be held on stop loss basis.
11. Shall inform the Trust details regarding the designated officers of the Insurer at various locations who would coordinate matters relating to insurance under the Scheme.
12. Shall coordinate with the Trust and ensure prompt underwriting of the risks and claims settlement.
13. Shall not admit any claim which is submitted to if after the expiry of 30 days period from the date of discharge in case of Hospitalization claim and after expiry of 30 days from the date of last consultation in case of Out Patient Treatment claims.
  - (i) The date when the adjustment will be made will be at the end of 60 days after the expiry of one year period for the last of the enrolments under the policy.
  - (ii) Shall consider and reimburse claims if submitted within 30 days after the expiry on one year period of cover, provided the treatment period falls during the policy period. However, no reimbursement claim will be considered after expiry of period of cover if the claim is submitted after 30 days of expiry date of cover.
  - (iii) Shall provide continuous coverage without any break after the expiry of one year period of cover in case of roll over to the next policy year for the set of beneficiaries for which renewal instructions are received.



- (iv) Shall refund the unutilized amount arising due to short fall in the number of beneficiaries enrolled in the year of the policy the amount as arrived at within 30 days after the date of determination date as stated earlier.

#### 14. Miscellaneous

- (i) In no case the minimum number criteria should be incorporated.
- (ii) One person must be assigned fully to coordinate with National Trust & beneficiaries, whose Name, Designation and Mobile Number will be displayed on the website. The company will provide a dedicated Toll Free Number to facilitate the beneficiaries.
- (iii) The system of tracking registration of claims, giving claim IDs, information of settlement, NEFT/RTGS details, policy due etc. should be communicated through SMS to beneficiaries like current system.
- (iv) Reports in the format required to be uploaded on [www.thenationaltrust.gov.in](http://www.thenationaltrust.gov.in) about claim received and settled will have to be submitted on monthly basis (latest by 5<sup>th</sup> of following month) by insurance company.
- (v) The enrollment shall be done on monthly basis and premium will be paid accordingly for the number of beneficiaries enrolled.
- (vi) The National Trust will have the freedom to make it cashless for BPL category people and reimbursement for rest of the people.
- (vii) The reconciliation statement of insurance company's bank through which the claims are being settled with have to be submitted to National Trust on monthly basis. The payment of only those claims will be made against which the bank statement shows the debit entry against that.
- (viii) The claim must be settled within 30 days of all valid documents received. The claim will be paid first by insurance company and the recharge amount demand will be sent to the National Trust on monthly basis. If it is not settled within a month. National Trust shall be liable to pay interest at a rate equivalent to Base Rate of RBI plus 2% on the valid claims settled for beneficiaries. No claim will be on hold, on the basis of non receipt of recharge amount.
- (ix) The National Trust will have the authority to audit the settled claim at any point of time to ensure the genuineness of claims. In case any claim settled found to be improper the insurance company will not be eligible to get the reimbursement of that claim.
- (x) The bank verification process of beneficiary will be done once and in case of repeated claims, the company should not ask for verification of account number again and again.



- (xi) A dedicated MIS System will be provided by the Insurance Company to the National Trust, which will have online details of all the beneficiaries covered under the policy.
- (xii) GST/Service Tax will be paid to the Insurer as per the prevailing rates. However, if National Trust gets any exemption from the payment of Goods & Service Tax, the same will not be paid thereafter.

### **SUB-CONTRACTORS**

The Insurer shall ~~not~~ enter into any MOU with any sub-contractor in connection with the services required to be provided by the Insurer except engaging the Third Party Administrator (TPA) for the servicing of the policy, under this MOU without the prior written consent of the Trust.

The Trust shall not engage the services of any other insurer to provide hospitalization policy until completion of one year from the date of commencement of the Master policy.

### **TAXES**

Both the parties to this MOU shall bear their respective share of taxes as per the law prevailing at that point of time.

### **COMPLIANCE WITH LAWS**

Both the Parties to this MOU hereto agree that they shall comply with all applicable union, state and local laws, ordinances, regulations and codes in performing their obligations hereunder, including the procurement of licenses, permits and certificates and payment of taxes where required.

It is agreed by and between the parties that the terms and conditions stated herein shall not contravene any rights of the beneficiary / legal guardian available under the policy wordings. Further, in case of any discrepancy between the MOU and the policy wordings, the policy wordings shall prevail.

### **CONFIDENTIALITY AND SECRECY**

The Trust and the Insurer acknowledge and agree that all tangible and intangible information obtained, developed or disclosed including all documents, data, papers, statements



any business/customer information, trade secrets and process of either parties relating to their business practices in connection with the performance of services under this MOU or otherwise is deemed by either parties and shall be considered to be confidential and proprietary information.

### **INDEMNITY**

Each party will settle or defend at its own cost, and indemnify and hold harmless the other from any other claims, liabilities, losses or expenses (including reasonable attorney's fees) arising out of the negligence, willful misconduct, breach of contract, misrepresentation of such party its officers, employees, agents or representatives. However, the total liability of each party under this MOU shall in no event exceed the amount of premium paid / payable under this MOU.

### **TERMINATION**

**This MOU** may be terminated in the following events:

- (a) Either party may terminated this MOU in writing upon the other party committing any material breach of any of the conditions of this MOU. However, before such termination the aggrieved party shall issue a one-month written notice calling upon the defaulting party to remedy the breach.
- (b) The Master Policy will automatically cease on the completion of one year coverage of the last enrolled beneficiary in the policy, or
- (c) The Master Policy shall cease to operate once the total value of the claims related outgo reached 120% of applicable premium (net of service tax/gst).

### **RIGHTS OF TERMINATION**

- (a) If either party is placed in liquidation whether voluntary or compulsory or if a winding-up petition is filed against either party in a court of competent jurisdiction and the same is not disposed of in favour of such party within 12 months or if either party makes a composition or arrangement with its creditors; the other party may immediately terminated this MOU by giving notice in writing.
- (b) Termination of this MOU for whatever reason shall not prejudice any right that may have accrued to either party, before the effective date of termination or upon termination.

### **FORCE MAJEURE**

If the whole of any part of the performance by the Parties of any part of their respective obligations hereunder is prevented or delayed by causes, circumstances or events beyond the control of the parties including delays due to floods, fires, accidents, earthquakes, riots,



explosions, wars, hostilities, acts of government, custom barriers, or other causes or like character beyond the control of the parties, then to the extent the parties shall be prevented or delayed from performing all or any part of its obligations hereunder by reason thereof despite due diligence and reasonable efforts to do so notwithstanding such causes, circumstances or events, the parties shall be excused from performance hereunder for so long as such causes, circumstances or events shall continue to prevent or delay such performance.

### **ABRITRATION**

Any dispute between the parties arising out of or in connection with this MOU shall be settled through arbitration of a sole arbitrator to be appointed by mutual consent of both the parties. The arbitration proceedings shall be conducted in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The award of the Sole Arbitrator shall be final and binding. The seat of arbitration shall be Delhi. The arbitration proceedings shall be conducted in English language and a record of the proceedings shall be maintained in English. The cost of arbitration shall be borne equally by both the parties.

The Dispute Resolution Process set forth in this Section shall not prohibit a party from seeking immediate injunctive or other provisional relief in order to protect its rights relating to intellectual property and confidentiality provided, however, that such relief may only be sought within an appropriate judicial forum with competent jurisdiction as stipulated in this MOU and that the party seeking such relief will allow the other party a thirty (30) day cure period prior to seeking such relief.

National Trust and The Insurer agree to continue performing their respective obligations under this MOU while a dispute is being resolved, provided that the same is not in contravention to the subject of dispute.

### **GOVERNING LAW / JURISDICTION**

This MOU shall be governed by and construed in accordance with the laws of India and shall be subject to the exclusive jurisdiction of the courts of New Delhi only.

### **SURVIVAL PROVISIONS**

The terms and provisions of this MOU that by their nature and content are intended to survive the performance hereof by any or all parties hereto shall so survive that completion and termination of this MOU.

### **SEVERABILITY**

If any term or provision of this MOU should be declared invalid by a court of competent jurisdiction, the remaining terms and provisions of the MOU shall remain unimpaired and be in full force and effect.

## **COMPLETE MOU**

This MOU is entire in itself and cannot be changed or terminated orally. No modification waiver or amendment of this MOU shall be binding unless communicated in writing and signed by both parties. All legally required amendments shall automatically become an integral part of this MOU.

The terms and conditions of this MOU shall not supersede the terms and conditions of the policy wordings. In case of any conflict or dispute the policy wordings shall prevail.

The terms and conditions of this MOU shall be subject to changes in IRDA regulations.

## **NOTICE**

All notices to be given pursuant to the provisions of this MOU shall be sent to the parties at the following address:

(1) National Trust, 16-B, Bada Bazar Road, Old Rajinder Nagar, New Delhi – 110060.

(2) .....

All correspondence, notices or any other communication, shall be deemed to have been duly and sufficiently served on the parties Seven days after the same shall have been delivered to the post office, properly addressed to the parties at their above mentioned respective addresses or as otherwise intimated by the parties, and if delivered to the parties against acknowledgment such correspondence, notices, or any other communication shall be deemed to have been duly served as on the date of delivery.

IN WITNESS WHEREOF, the parties hereto have hereunto set and subscribed their respective hands and seal at New Delhi 01/04/2020 New Delhi, first herein above written.

Signed, Sealed and Delivered by within named National Trust through its Authorized Signatory in the presence of

(Signature of authorized NT Officer)

(Seal)

Witnesses :-



1. ....
2. ....
3. ....

Signed, Sealed and Delivered by within named Insurer through its Authorized Signatory in the presence of

Name: .....

Designation: .....

Witnesses:- 1. ....  
2. ....

### **Major Terms & Conditions :-**

The Scheme envisages to deliver comprehensive health cover which includes insurance cover upto Rs.1 Lakh.

All Persons with Autism, Cerebral Palsy, Mental Retardation & Multiple Disabilities are eligible and included and there is no "selection"

### **The scheme further envisages that there shall be :-**

1. No Exclusion of Pre-Existing conditions
2. Services ranging from regular Medical Checkup to Hospitalization, Therapy to Corrective Surgery.
3. Transportation
4. Conditions requiring repetitive medical intervention as an in-patient.
5. Pre & Post Hospitalization expenses, subject to limits
6. No pre insurance medical tests
7. Re-imbursement of claims for Hospitalization and OPD Services

The Scheme is available in the entire country.

### **Major Product Exclusions :**

The policy is otherwise subject to Standard Group Mediclaim Policy Conditions

1. **Drug and Alcohol induced illness :** Diseases / accident due to and or use misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.



2. **Sterilization and Fertility related procedures :** Sterility, any fertility, sub-fertility or assisted conception procedure, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
3. **Vaccination :** Vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness. Circumcision (unless necessary for treatment of disease not excluded) hereunder or as may be necessitated due to any accident.
4. **War, Nuclear Invasion :** Injury or disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operations (whether war be declared or not) or by nuclear weapons / materials.
5. **Suicide :** Intentional self injury / suicide, all psychiatric and psychosomatic and related disorders.
6. **Naturopathy :** Siddha, Unproven Procedure or treatment, experimental or other treatment such as acupressure, acupuncture, magnetic and such other therapies etc. Any treatment received inconvalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.

#### **Claim Process and Documentation Requirement :**

Claims are paid on reimbursement basis only

#### **Documents required are as follows :**

1. Claim form
2. Bills receipt and Discharge Certificate / Card from the Hospital / Nursing Home (in original)
3. Cash Memos from the Hospital / Chemist supported by the proper prescription (in original)
4. Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests (in original)
5. Surgeons certificate stating nature or operation performed and surgeon's bill and receipt (in original)
6. Attending Doctor's / Consultations / Specialist's / Anestheti's bill and receipt certificate regarding diagnosis, which is prescribed and thereby expenses incurred (in original)
7. Niramaya Health Card (Copy)
8. Transportation Bill (if any) then bill to be submitted in original
9. Disability Certificate (Copy)



**ANNEXURE – 1****Niramaya's Health Insurance Scheme Proposed Benefit Chart (on Reimbursement Basis only)**

NIRAMAYA' HEALTH INSURANCE SCHEME REVISED BENEFIT CHART				
ON REIMBURSEMENT BASIS ONLY				
SECTION	SUB-SECTION	DETAIL	SUB LIMIT	OVER ALL LIMIT OF SECTION
I	Over all Limit of Hospitalization			55000/-
	A	Corrective Surgeries for existing Disability including congenital disability	40,000/-	
	B	Non-Surgical/ Hospitalization	15,000/-	
II	Overall Limit for Out Patient Department (OPD)			19000/-
	A	OPD treatment including the regular medical checkup, medicines, pathology, diagnostic tests, etc.	15000/-	
	C	Dental Preventive Dentistry	4000/-	
III	Ongoing Therapies to reduce impact of disability and disability related complications			20000/-
IV	Alternative Medicine			4000/-
V	Transportation costs			2000/-
OVERALL LIMIT OF THE COVERAGE FOR A PERSON: Rs.1,00,000/-				