

कार्यालय —अधिष्ठाता छात्र कल्याण
हरकोर्ट बटलर प्राविधिक विश्वविद्यालय, कानपुर-02

पत्रांक: 1258/अ0छा0क0/2026

दिनांक: ०९/10/2026

:: सूचना ::

विश्वविद्यालय के शैक्षिक सत्र 2026-27 में विभिन्न विधाओं के पाठ्यक्रमों में अध्ययनरत् छात्र/छात्राओं का प्रथम वर्ष को छोड़कर स्वास्थ्य हित हेतु स्वस्थ बीमा का अनुबन्ध ICICI Lombard General Insurance Company Limited से कराया गया है। उक्त बीमा कम्पनी के अंतर्गत अधिकृत किये गये चिकित्सालयों की सूची का लिंक <https://www.icicilombard.com/cashless-hospitals> छात्रों के सुलभ संज्ञान हेतु अंकित है। ICICI Lombard General Insurance Company Limited द्वारा ग्रुप मेडीक्लेम पॉलिसी की निर्धारित अवधि एवं विवरण निम्नवत् है:-

शैक्षिक सत्र-2026-27

Name of Company	No. of Students	Policy No.	Policy Effective from	Name of Contact Person & Mobile No.
ICICI Lombard General Insurance Company Limited.	3435	4015/X/S/457195436/00/000	30/09/2026 to 29/09/2027 Midnight	Mr. Saurabh Jaiswal Mobile No.- 8120000482

अतः छात्र/छात्राओं कि हेल्थ आई०डी० संख्या ICICI Lombard General Insurance Company Limited द्वारा पृथक से छात्र/छात्राओं की ई-मेल आई०डी० पर भेज दी गई है, जिससे बीमा पॉलिसी द्वारा निर्धारित/अधिकृत किये गये चिकित्सालयों में आवश्यकता पडने पर छात्र/छात्रायें स्वास्थ्य बीमा का उपभोग हेल्थ आई०डी० संख्या बताकर कर सकते हैं।

संलग्नक :- यथोक्त।



(प्र० सी०एल० गेहलोत)
अधिष्ठाता, छात्र कल्याण

प्रतिलिपि निम्नोक्त को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित :

1. समस्त अधिष्ठातागण/अनुभाग प्रभारी/पुस्तकालयाध्यक्ष/कार्यशालाधीक्षक/चिकित्साधिकारी, एच.बी.टी.यू., कानपुर।
2. समस्त विभागाध्यक्ष, एच.बी.टी.यू. कानपुर को इस आशय के साथ प्रेषित कि उपरोक्त की जानकारी छात्र/छात्राओं को अनिवार्य रूप से कराने का कष्ट करें।
3. प्रति कुलपति, एच.बी.टी.यू. कानपुर।
4. कुलसचिव, एच.बी.टी.यू. कानपुर।
5. वित्त नियंत्रक, एच.बी.टी.यू. कानपुर।
6. समस्त छात्रावासों के अभिरक्षकों, एच.बी.टी.यू. कानपुर को इस अभ्युक्ति के साथ प्रेषित कि उपरोक्त की जानकारी छात्रावास आवंटित छात्र/छात्राओं को अनिवार्य रूप से कराना सुनिश्चित करें।
7. सिस्टम मैनेजर, एच.बी.टी.यू. कानपुर को विश्वविद्यालय की वेबसाइट पर अपलोड हेतु।
8. विशेष कार्याधिकारी, मा० कुलपति कार्यालय, एच०बी०टी०यू०, कानपुर को मा० कुलपति जी के संज्ञानार्थ।

(प्र० सी०एल० गेहलोत)
अधिष्ठाता, छात्र कल्याण



GROUP HEALTH INSURANCE
Customer Information Sheet

This document provides key information about your policy. You are advised to go through your policy document.

Sr. No	Description	Policy Clause Number
1.	Name of Insurance Product/Policy Group Health Insurance	
2.	Policy Number 4015/X/S/457195436/00/000	a. Policy schedule
3.	Type of Insurance Product/Policy Both Indemnity and Benefit	a. Policy schedule
4.	Sum Insured (Basis) (Along with amount) Policy Type: Students Sum Insured: (₹) 150000	a. Policy schedule
5.	<u>Policy Coverage (What the policy covers?) (Policy Clause Number/s)</u> Coverages: 1) Policy Type : Non Floater 2) Policy Construct : Non Employer Employee 3) Service Category : Both Cashless & Reimbursement 4) OPD/IPD : IPD & OPD Reimbursement 5) Third Party Administrator : ICICI Lombard Healthcare 6) OTC/Non OTC : Non OTC 7) Physical Health Card : N 8) 30 Days waiting period : Waived Off 9) IPD Claim Intimation Period : 30Days 10) Age Band : 15 years to 45 years 11) Family Definition : The family shall comprise of the insured student only 12) Sum Insured : SI is restricted to Rs.150000 per life during the policy period as per annexure attached herewith. 13) Corporate Floater : NA 14) Room Rent : No Capping 15) Maternity Benefit for Normal & C-Section : NA 16) 9 months waiting period : NA 17) Pre-Existing Diseases : Pre-Existing Diseases Expenses Covered 18) Pre - Post Hospitalisation : Pre Hospitalisation and Post Hospitalisation for 30 days & 60 days respectively are covered. 19) Special Coverages : - 20) Baby Day 1 : NA 21) Pre/Post Natal Expenses : NA 22) Ambulance Service : NA 23) OPD Cover : OPD is Covered up to 1,00,000 on policy level subject to per student limit is 8000 24) Health Check Up : NA 25) 1st Year waiting period : Waived Off 26) Domiciliary Hospitalisation : Excluded 27) Exclusion : Lasik Surgery, Septoplasty, Infertility & Related Ailments incl.'Male sterility';Treatment on trial/experimental basis; Admin/Registration/Service/Misc. Charges; Expenses on fitting of Prosthesis; Any device/instrument/machine contributing/replacing the	Validity unknown Digitally signed by DS ICICI LOMBARD GENERAL INSURANCE CO. LTD 1 Date: 2026.06.30 20:20:56 IST

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

Mailing Address:

 601 & 602, 6th Floor, Interface 16
 New Linking Road, Malad (West)
 Mumbai - 400 064

CIN: L67200MH2000PLC129408

Registered Office Address

 ICICI Lombard House, 414, Veer Savarkar
 Marg, Near Siddhi Vinayak Temple,
 Prabhadevi, Mumbai 400 025

UIN : ICILG24018V052324

Toll free no : 1800 2666

Alternate no : 86552 22666 (chargeable)

E-mail : customersupport@icicilombard.com

Website : www.icicilombard.com

Group Health Insurance

	function of an organ; Holter Monitoring are outside the scope of the policy. 28) Special Condition : "Liability for Nasal Sinus Surgeries upto Rs.35,000; Hospitalisation arising out of Psychiatric ailments upto Rs.30,000" 29) Co-Payment : No Copay 30) PPN Option : NA 31) Special Condition : 50% Co-Pay for cyberknife treatment/Stem Cell Transplantation.Cochlear Implant treatment shall be restricted to 50% of the SI. 32) Special Condition : Claim must be filed within 30 days from the date of completion of treatment. However, the Company may at its absolute discretion consider waiver, of this Condition in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit. 33) Mid-Term Inclusion : Mid-term inclusion of new joiners only 34) Special Condition : No Refund for deletion-if lives less than minimum required & if insured has claimed during policy 35) Special Condition : Any endorsements will be from the date of addition and not from the inception of the policy. 36) Disclaimer : I/We, the undersigned have read and understood the Guidelines on Group Insurance Policies issued by the Authority vide ref. no. 015/IRDA/Life/Circular/GI Guidelines 2005 dated July 14, 2005, as amended from time to time, and shall adhere to its provisions at all times. 37) Add-Del of Lives : Premium to be charged on Pro rata basis for addition/deletion endorsement. 38) Diseases wise sublimit : No limit	
6	<u>Exclusions(What the policy not cover)</u> Exclusions: • Investigation & Evaluation- Code- Excl04 • Rest Cure, rehabilitation and respite care- Code-Excl05 • Obesity/ Weight Control: Code- Excl06 • Hazardous or Adventure sports: Code- Excl09 • Breach of law: Code- Excl10 • Excluded Providers: Code- Excl11 • Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code-Excl12 • Cosmetic or plastic Surgery: Code- Excl08 • Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13 • Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14 • Refractive Error: Code- Excl15 • Unproven Treatments: Code- Excl16 • Sterility and Infertility: Code- Excl17	e. Exclusions

	• Maternity: Code Excl18 • The expenses on treatment of diseases, or illness such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagisa or Fibromyoma, Hernia, Hydrocele, • Diseases, Fistula in anus, piles, Sinusitis and related disorders during the first year of operation of this policy. If these diseases, or illnesses are pre-existing at the time of proposal, they will not be covered during subsequent renewal of the policy. • Diseases, illness, accident or injuries 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). • Circumcision whether or not necessitated by vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery unless necessary for treatment of a disease not excluded by the terms of the policy or as may be necessitated due to treatment of an accident. • Cost of spectacles and contact lenses, hearing aid • Dental treatment or surgery of any kind unless requiring hospitalisation. • Convalescence, general debility, run-down condition or rest cure, congenital external disease or defects or anomalies, intentional self-injury (whether arising from an attempt to suicide or otherwise) and use of intoxicating drugs and/or alcohol. • Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-Ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any diseases, illness or injury whether or not requiring Hospitalisation/ Domiciliary Hospitalisation. • Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Medical Practitioner. • Diseases, illness, accident or injuries directly or indirectly caused by or contributed to by nuclear weapons/materials or contributed to by or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. • Voluntary medical termination of pregnancy during the first 12 weeks from the date of conception Note: For detailed description of Exclusions, kindly refer policy wordings	
7	<u>Waiting Period</u> <u>Time period during which specified diseases/treatments are not covered</u> <u>It is counted from the beginning of the policy coverage</u> • Pre Existing Disease: Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36months of continuous coverage after the date of inception of the first policy with insurer. • Specific disease/procedure waiting period: Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident. • 30-day Waiting Period: Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.	e. Exclusions

	Specific Waiting Periods Maternity Expenses: 9 Months	
8	<u>Financial limits of coverage</u> Please refer the policy schedule / policy copy mentioned below under coverage section for all financial limits.	a. Policy schedule
9	<u>Claims/Claims Procedure</u> Cashless (Pre-Authorization) Procedure; Step 1 – Get your treatment at our network hospital, submit a copy of health card and photo ID proof at Hospital Insurance desk during admission. Step 2 – The hospital sends an approval request for your cashless admission along with relevant documents (cashless pre-authorization form, investigation reports, past consultation papers (as applicable), copy of health card and photo ID proof, etc.) Step 3 – Request will be processed as per policy terms and conditions Step 4 – While you avail treatment the claim payment is settled directly to the Provider/Hospital Step 5 – You can check and track your claim status live on IL TakeCare app or WhatsApp Reimbursement Procedure; Step 1 – Get treatment at a non-network hospital by self-paying all the treatment costs. Collect all treatment and expenses related documents. Step 2 – Send us the claim documents along with the claim form. You can also emboss the original documents and submit an e-claim on the IL Takecare app. if an e-claim is submitted please retain all the original documents and produce if asked by Insurance to submit in original hard copy. Step 3 – The claim will be processed as per policy terms and conditions Step 4 – The approved amount in the claim would be reimbursed to you To claim or check your claim status, use the IL TakeCare App or contact us on WhatsApp at +91 7738282666. For cashless hospitalization in a non-network hospital, contact health assistance at least 48 hours before admission or within 24 hours for emergencies. Use "Anywhere Cashless" through IL TakeCare App's > Services We Offer > Health Assistance. Available from 8am to 8pm, Mon to Sat (except public holidays). You can also reach them via email at healthassistance@icicilombard.com or through this web link: https://ilhc.icicilombard.com/Home/healthassistance. Note: Claim documents should be dispatched to below mentioned address:	g. Other terms & conditions

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UIN : ICILG24018V052324

Toll free no : 1800 2666

Alternate no : 86552 22666 (chargeable)

 E-mail : customersupport@icicilombard.com

 Website : www.icicilombard.com

Group Health Insurance

	ICICI Lombard Health Care, 1st, 4th (Half), 5th and 6th floors, Varun Towers-II, Opp. Hyderabad Public school, Begumpet, Hyderabad, District Hyderabad, Telangana. Pin Code -500016 In case of any claim queries, please write to ihealthcare@icicilombard.com or call 1800 2 666 (Toll Free) Find our extensive list of hospitals providing cashless services on our website https://www.icicilombard.com/health-insurance/health-claim/partner-hospital or on the IL TakeCare App. For reimbursement claims, We shall make the payment of admissible claim OR communicate non admissibility of claim within 14 days after you submit the complete set of documents & information. Turn Around Time(TAT) for claim settlements- TAT for Pre-Authorization of Cashless Facility is within 1 hours from the receipt of last necessary document from Hospital. TAT for final cashless final bill authorization is within 3 Hours from the receipt of last necessary document from hospital. Turn Around Time (TAT) for Reimbursement claims – 15 days of receipt of claim form along with claim documents, Claim Form Download link https://ilhc.icicilombard.com/Customer/WelcomeOnlineIPDClaimForm Delisted Hospital Link https://www.icicilombard.com/docs/default-source/default-document-library/delisted-hospital-list.pdf	
10	<u>Policy Servicing</u> You may contact us through our website www.icicilombard.com (Customer Support section “Grievance Redressal”) or call us on our Toll Free no: 1800 2666, or email us at customersupport@icicilombard.com For details of Company officials kindly visit our website https://www.icicilombard.com/customer-support	g. Other terms & conditions
11	<u>Grievances/Complaints</u> In case of any grievance the insured person may contact the Company through Website: www.icicilombard.com Toll free: 1800 2666 Email: customersupport@icicilombard.com Address: ICICI Lombard General Insurance Co. Ltd. Ground floor- Interface 11, Sixth floor- Interface 16 , Office no 601 & 602, New linking Road, Malad (West), Mumbai – 400064 There is an interactive voice response (IVR) facility for senior citizens’ grievance redressal for easy and faster resolution	g. Other terms & conditions

	Insured person may also approach the grievance cell at any of the company's branches with the details of grievance If Insured person is not satisfied with the redressal of grievance, insured person may contact the grievance officer at the details provided in the below link: https://www.icicilombard.com/grievanceredressal.com If Insured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority (IRDA) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or IRDA Grievance Call Centre (IGCC) at their toll free no. 1800 4254 732 / 155255 Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDA website: www.irdai.gov.in, or on the Company's website at www.icicilombard.com	
12	Things to remember Free Look cancellation: Every insured of new health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy. If the insured cancels the policy within free look period then the insured shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the insured and stamp duty charges. If you wish to cancel the policy, contact us through our website www.icicilombard.com (Customer Support section), call us toll-free at 1800 2666, or email customersupport@icicilombard.com. Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn. Migration: In case of migration of indemnity based health insurance policy (except Personal Accident and Travel Policies) with the same Insurer, the insured can transfer the credits gained to the extent of the Sum Insured and benefits available in the previous policy to the migrated policy. The Company may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months. Portability: a. The insured has the choice to port his / her policies from one Insurer to another. An Insured desirous of porting his/her policy to another insurer shall apply to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal. b. The insured is entitled to transfer the credits gained to the extent of the sum insured and the benefits available in the previous policy, subject to the underwriting policy of the Company c. The Company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines	f. General Terms and Clauses

	d. This benefit is not applicable for enhanced sum insured. Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in Sum Insured, the waiting period if any shall start afresh only for the enhanced portion of the sum insured. Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration), your policy or claims can't be contested for non-disclosure or misrepresentation, except in cases of proven fraud. This is known as the moratorium period. This moratorium applies to the sum insured of your first policy. If you increase your sum insured, the 60-month period will restart for the increased amount only, from the date of enhancement.	
13	<u>Your Obligations</u> Disclosure of Material Information during the Policy Period	f. General Terms and Clauses

Declaration by the Policy Holder:

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

Place:

Date:

Signature of the Policy

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

Group Health Insurance

a. POLICY SCHEDULE

Insured Detail

Policy Number : 4015/X/S/457195436/00/000
Issued At : MUMBAI
Name of the Insured : HARCOURT BUTLER TECHNICAL UNIVERSITY
Mailing Address of the Insured : HARCOURT BUTLER, TECHNICAL UNIVERSITY -NAWABGANJ
KANPUR , UTTAR PRADESH - 208002

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs*?	No
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Policy Details

Period of Insurance : From: 00:00 Hours of Sep 30, 2026 To Midnight Sep 29, 2027
Product : Group Health Insurance
Total Lives Insured : 3435
Sum Insured : ₹51,52,50,000.00
Details of Person Insured : As per Annexure Premium Computation
Basic Premium : ₹11,14,918.00
Stamp Duty : ₹0.50
*Total Premium : ₹13,15,604.00

*Premium value mentioned above is inclusive of taxes applicable

Coverages

1	Policy Type	Non Floater
2	Policy Construct	Non Employer Employee
3	Service Category	Both Cashless & Reimbursement
4	OPD/IPD	IPD & OPD Reimbursement
5	Third Party Administrator	ICICI Lombard Healthcare
6	OTC/Non OTC	Non OTC
7	Physical Health Card	N
8	30 Days waiting period	Waived Off
9	IPD Claim Intimation Period	30Days
10	Age Band	15 years to 45 years
11	Family Definition	The family shall comprise of the insured student only
12	Sum Insured	SI is restricted to Rs.150000 per life during the policy period as per annexure attached herewith.
13	Corporate Floater	NA
14	Room Rent	No Capping
15	Maternity Benefit for Normal & C-Section	NA
16	9 months waiting period	NA
17	Pre-Existing Diseases	Pre-Existing Diseases Expenses Covered
18	Pre - Post Hospitalisation	Pre Hospitalisation and Post Hospitalisation for 30 days & 60 days respectively are covered.
19	Special Coverages	-
20	Baby Day 1	NA
21	Pre/Post Natal Expenses	NA
22	Ambulance Service	NA
23	OPD Cover	OPD is Covered

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IRDA Reg. No. 115

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Marg, Near Siddhi Vinayak Temple,

Prabhadevi, Mumbai 400 025

UIN : ICICLGP24018V052324

Toll free no : 1800 2666

Alternate no : 86552 22666 (chargeable)

E-mail : customersupport@icicilombard.com

Website : www.icicilombard.com

Group Health Insurance

Coverages

		is 8000
24	Health Check Up	NA
25	1st Year waiting period	Waived Off
26	Domiciliary Hospitalisation	Excluded
27	Exclusion	Lasik Surgery, Septoplasty, Infertility & Related Ailments incl.'Male sterility';Treatment on trial/experimental basis; Admin/Registration/Service/Misc. Charges; Expenses on fitting of Prosthesis; Any device/instrument/machine contributing/replacing the function of an organ; Holter Monitoring are outside the scope of the policy.
28	Special Condition	"Liability for Nasal Sinus Surgeries upto Rs.35,000; Hospitalisation arising out of Psychiatric ailments upto Rs.30,000"
29	Co-Payment	No Copay
30	PPN Option	NA
31	Special Condition	50% Co-Pay for cyberknife treatment/Stem Cell Transplantation.Cochlear Implant treatment shall be restricted to 50% of the SI.
32	Special Condition	Claim must be filed within 30 days from the date of completion of treatment. However, the Company may at its absolute discretion consider waiver, of this Condition in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit.
33	Mid-Term Inclusion	Mid-term inclusion of new joinees only
34	Special Condition	No Refund for deletion-if lives less than minimum required & if insured has claimed during policy
35	Special Condition	Any endorsements will be from the date of addition and not from the inception of the policy.
36	Disclaimer	I/We, the undersigned have read and understood the Guidelines on Group Insurance Policies issued by the Authority vide ref. no. 015/IRDA/Life/Circular/GI Guidelines 2005 dated July 14, 2005, as amended from time to time, and shall adhere to its provisions at all times.
37	Add-Del of Lives	Premium to be charged on Pro rata basis for addition/deletion endorsement.
38	Diseases wise sublimit	No limit

Conditions

- 1 No. of Students : 3435
- 2 No. of Dependants :
- 3 Third Party Administrator (TPA)/ In house : I-HealthCare
For TPA Address and Contact details please visit our website
www.icicilombard.com (Download Section)

Policy shall stand cancelled ab initio in the event of non realisation of the premium.

Disclaimer: This document to be read in conjunction with the Schedule II & Schedule III of the policy.

GSTIN Reg. No : 23AAACI7904G1ZV

IL GIC GSTIN Address : 414, ICICI Lombard House Veer Sawarkar Marg Mumbai-Prabhadevi Maharashtra 400025

HSN SAC code : 997133 GENERAL INSURANCE SERVICES

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited at Mumbai on Sep 30, 2026

Yours sincerely

Gaurav Anora

Authorized Signatory

For ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED

ICICI Lombard General Insurance Company Limited

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Group Health Insurance



Scan QR for Key Information Sheet and Policy-wordings.
To view Policy- wordings on our website

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Mumbai - 400 064

CIN: L67200MH2000PLC129408

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