

कार्यालय – अधिष्ठाता, छात्र कल्याण  
हरकोर्ट बटलर प्राविधिक विश्वविद्यालय, कानपुर-208002

पत्रांक: 659/अ0छा0क0/2024

दिनांक: 07/09/2024

:: सूचना ::

विश्वविद्यालय के शैक्षिक सत्र 2024-25 के विभिन्न विद्याओं के पाठ्यक्रमों में अध्ययनरत एवं पूर्वी/पश्चिमी प्रांगण के छात्रावासों में निवसित छात्रों/छात्राओं प्रथम वर्ष को छोड़कर के स्वास्थ्य हित हेतु स्वास्थ्य 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:-

भौक्षिक सत्र-2024-25

Name of Company	No. of Students	Policy No.	Policy Effective from	Name of Contact Person & Mobile No.
ICICI Lombard General Insurance Company Limited.	3827	4015/X/S/346515866/00/000	29/05/2024 to 28/05/2025 Midnight	Mr. Saurabh Jaiswal Mobile No.- 8120000482

अतः छात्रों/छात्राओं के ICICI Lombard General Insurance Company Limited द्वारा जारी हेल्थ आई०डी० संख्या उनकी University e-mail.Id पर मेल कर 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 बता कर सकते हैं।

संलग्नक :- यथोक्त।

(प्रो० अलक कुमार सिंह)  
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 की उपरोक्त की जानकारी छात्रों/छात्राओं को अनिवार्य रूप से कराना सुनिश्चित 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 छात्रावास अभिरक्षकों, एच.बी.टी.यू., कानपुर को इस अभ्युक्ति के साथ प्रेषित की उपरोक्त की जानकारी छात्रावास आवंटित छात्रों/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।

(प्रो० अलक कुमार सिंह)  
अधिष्ठाता, छात्र कल्याण

## Group Health Insurance

### a. POLICY SCHEDULE

#### Insured Detail

Policy Number : 4015/X/S/346515866/00/000  
 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

Politically Exposed Person (PEP)/close relative of PEP:

No

#### Policy Details

Period of Insurance : From: 00:00 Hours of May 29, 2024 To Midnight May 28, 2025  
 Product : Group Health Insurance  
 Total Lives Insured : 3827  
 Sum Insured : ₹57,40,50,000.00  
 Details of Person Insured : As per Annexure Premium Computation  
 Basic Premium : ₹16,34,906.00  
 Stamp Duty : ₹0.50  
 \*Total Premium : ₹19,29,190.00

\*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
5	Third Party Administrator	ICICI Lombard Healthcare
6	OTC/Non OTC	Non OTC
7	Physical Health Card	N
8	30 Days waiting period, 1st Year waiting period	Waived Off
9	Age Band	15 years to 45 years
10	Family Definition	The family shall comprise of the insured student only
11	Sum Insured	SI is restricted to Rs.150000 per life during the policy period as per annexure attached herewith.
12	Corporate Floater, Maternity Benefit for Normal & C-Section, 9 months waiting period, Baby Day 1, Pre/Post Natal Expenses, Ambulance Service, OPD Cover, Health Check Up, PPN Option	NA
13	Room Rent	No Capping
14	Pre-Existing Diseases	Pre-Existing Diseases Expenses Covered
15	Pre - Post Hospitalisation	Pre Hospitalisation and Post Hospitalisation for 30 days & 60 days respectively are covered.
16	Domiciliary Hospitalisation	Excluded
17	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.
18	Special Condition	"Liability for Nasal Sinus Surgeries upto Rs.35,000; Hospitalisation arising out of Psychiatric ailments upto Rs. 30,000
19	Co-Payment	No Copay

#### 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

Coverages

20	Special Condition	50% Co-Pay for cyberknife treatment/Stem Cell Transplantation.Cochlear Implant treatment shall be restricted to 50% of the SI.
21	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.
22	Mid-Term Inclusion	Mid-term inclusion of new joinees only
23	Special Condition	No Refund for deletion-if lives less than minimum required & if insured has claimed during policy
24	Special Condition	Any endorsements will be from the date of addition and not from the inception of the policy.
25	Add-Del of Lives	Premium to be charged on Pro rata basis for addition/deletion endorsement.
26	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.
27	Diseases	No limit

Conditions

- 1 No. of Employees : 3827
- 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](http://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 May 29, 2024

Yours sincerely

*Genetic Anza*

Authorized Signatory

**For ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED**



Scan QR for Key Information Sheet and Policy-wordings.

To view Policy- wordings on our website

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Group Health Insurance