Insurance Product Information Document (IPID)

Group Health Insurance

To view the full policy document, please click here or visit www.allianz.lk.

This document provides a summary and may not be personalized to your insurance coverage requirements. The policy terms, conditions and warranties stated in the policy document and schedule prevail over this document.

1.Type of Insurance Cover.

Covers medical and surgical expenses arising from hospitalization due to sickness or accidental bodily injury, provided the illness begins after 30 days of policy inception or the accidental injury occurs after the policy start date. The cover applies only to treatment recommended by a qualified medical practitioner and obtained within approved hospitals or nursing homes.

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Please refer to page no. 01 - 05 of the policy document for more details on all benefits under this Policy and other benefits

2.Summary of Insurance Cover.

This policy provides indemnity for eligible medical expenses incurred due to the following:

- Hospitalization charges including room, nursing, X-rays, ECG, laboratory tests, specialist consultations, surgeons' and anesthetists' fees.
- Government hospital non-paying ward benefit payable per day up to a maximum of 50 days per year.
- Treatment for sickness or accidental bodily injury contracted or sustained during the policy period.
- Indemnity is by reimbursement of actual medical expenses up to the limits specified in the Table of Benefits or the Policy Schedule.

Please refer to page no. 01 - 05 of the policy document for more details on all benefits under this Policy and other benefits

3.Key Features, Exclusions, and Terms & Conditions.

Key Features

This has been outlined in the Coverage Summary and may be customised in accordance with the customer's specific requirements

Exclusions

Waiting Period

Any diseases occurring within the first **30 days** of policy commencement.

War & War-Like Situations / Civil Commotion / Terrorism

• Injuries or diseases caused by war, invasion, civil war, rebellion, insurrection, military or usurped power, or participation in riots and strikes.

Self-Inflicted / Specified Conditions

• Intentional self-injury, suicide/attempted suicide, alcoholism, drug addiction, venereal disease, mental/psychotic disorders.

Pregnancy & Maternity

• Pregnancy, maternity, childbirth, infertility/sub-fertility treatment, contraceptive procedures, routine antenatal care.
• Complications unless due to ectopic pregnancy requiring emergency treatment.

Air Travel & Hazardous Pursuits

• Aerial flight except as a paying passenger on a licensed commercial aircraft.
• Hazardous activities including mountaineering, parachuting, professional sports, racing, underwater diving with breathing apparatus.

Dental / Eye / ENT / Cosmetic

• Dental procedures (except due to accidental injury), routine eye/ENT care, glasses/lenses/hearing aids.
• Cosmetic surgery unless required solely due to an accident.

Non-Medical / Preventive / Unapproved Treatment

• Treatment not recommended by a qualified physician.
• Nature-cure, hydrotherapy, spa/rest cures, routine check-ups, vaccinations, tests not related to illness or injury.

- Vitamins/nourishment (unless part of inpatient treatment)
  • Menopause-related conditions
  • Workmen's Compensation cases
  • Fees charged by immediate family
  • Congenital conditions existing before policy inception
  • Circumcision (unless required by disease/accident)
  • Non-medical amenities (TV/phone etc.)
  • Reusable equipment/apparatus
  • Violations of law / resistance to arrest
  • Geriatric/psycho-geriatric/psychiatric conditions
  • Hair loss treatments, wigs, transplants
  • Counselling charges
  • Weight reduction treatments
  • Nuclear/radioactive contamination
  • Recurrent ailments beyond the first policy period (once contracted during the current period)

Please refer to page no. 02 - 05 of the policy document for more details on all benefits under this Policy and other benefits

Terms and Conditions,

Written notice with documents must be given within one month of discharge (IPD) / occurrence (OPD).
• **Reasonable Care:** The insured must take reasonable precautions to prevent illness/accidents.
• **Other Insurance:** Must disclose any other medical insurance in force.
• **Claims Procedure:** Provide all certificates/evidence requested; medical examination may be required.
• coverage cannot continue beyond age 70 for any insured.
• **Cancellation:** Either party may cancel subject to policy terms; refunds follow short-period scale and only if no claims.
• **Right to Examine:** Insurer may require medical examination to confirm necessity of hospitalization.
• **Existing Ailments:** Must disclose all pre-existing diseases; cover applies only if insurer accepts in writing with additional premium.
• **Change in Risk:** Notify change in address, occupation or new illnesses at renewal.
• **Jurisdiction:** Governed under Sri Lankan law.
• **Time Limit for Liability:** No payment after 12 months from the event unless under arbitration/litigation.
• **Observance of Terms:** Compliance with terms and truthful disclosure are conditions precedent to liability.
• **Forfeiture:** Fraudulent claims or delayed legal action beyond 3 months after rejection results in forfeiture of benefits.

Please refer to page no. 03 - 05 of the policy document for more details on all benefits under this Policy and other benefits

4. Mode of Payment of Premium.

No insurance will be in force until the proposal form has been accepted by the company and premium paid. Cheques should be drawn in favor of Allianz Insurance Lanka Limited and crossed A/C payee only. Online payments can be made by visiting our web page www.allianz.lk

Please refer to page no. 03 - 05 of the policy document for more details on all benefits under this Policy and other benefits

5. Obligation to Disclose Material Facts.

Policyholders must disclose all material facts truthfully and completely at the time of purchasing the policy and during the term of the insurance. A material fact refers to any information that could influence Allianz's decision to accept the risk and determine the terms of coverage.

Importance of disclosure:

- Ensures accurate underwriting and appropriate coverage
- Helps avoid disputes or complications during claims

Failure to disclose material facts may result in:

- **Cancellation** of the policy from inception
- **Denial of claims**, even if unrelated to the undisclosed information
- **Legal action** for false declaration under applicable insurance regulations

• *Please refer to page no. 04 - 05 of the policy document for more details on all benefits under this Policy and other benefits*

6. Obligation of the Policyholder When Making a Claim.

- Notify Insurer immediately upon hospitalization or as soon as reasonably practicable in the event of a medical emergency.
- Provide complete, accurate, and truthful information throughout the claims process. Failure to disclose material facts may result in the claim being declined or affected.
- Cooperate fully with Allianz's Medical Officer, Call Centre, and Claims Team during the assessment, investigation, and settlement of the claim.
- For cashless hospitalization, contact Insurer prior to admission, where possible, and follow the required pre-authorization procedures.
- For reimbursement claims, submit all required original documents, including medical reports, invoices, receipts, prescriptions, and claim forms, within the time period specified in the policy.
- Comply with all policy terms, conditions, exclusions, and claim submission requirements to facilitate timely claim processing and settlement.

- Promptly notify Insurer of any change in circumstances or additional information that may impact the claim or the assessment thereof.
- Provide any further information, documents, or evidence reasonably requested by Allianz to support the evaluation of the claim.
- Cooperate with any medical examinations, investigations, or reviews deemed necessary by Allianz in connection with the claim.

7. Complaint & Grievance Handling Procedure.

- **Dispute resolution method at company level (internal process).**

If a customer is dissatisfied with the service received at any customer touchpoint or if a product does not meet expectations, there are several ways to file a complaint. Complaints can be submitted by visiting or writing to the Customer Experience Management Unit at Allianz Insurance Corporate Office, any branch office, or the Customer Care Centre at No 323, Union Place, Colombo 2.

Complaints can also be made by calling the Customer Experience/Complaints Management Unit at 0114 788 796 or 0114 788 814, or through the 24-hour hotline for General Insurance at 0112 303 300. Customers can send an email to info@allianz.lk or complete the feedback form on the website at www.allianz.lk.

- **Dispute resolution by the Insurance Ombudsman.**

If the customer is not satisfied with the resolution, the complaint can be referred to the Insurance Ombudsman.

Office of Insurance Ombudsman.

No 143A, Vajira Road, Colombo 5.

Telephone – +94 11 250 5542 / +94 11 250 5041

Email – info@insuranceombudsman.lk

Website – https://insuranceombudsman.lk

- **Dispute resolution by the IRCSL.**

Insurance Regulatory Commission of Sri

Lanka (IRCSL).

Director Investigations.

Insurance Regulatory Commission of Sri Lanka.

Level 11 East Tower, World Trade Center, Colombo 01.

Telephone – 0112396184-9 / 0112335167

Email – investigation@ircsl.gov.lk / info@ircsl.gov.lk

8. Contact Information.

For assistance, the following contact options are available:

- 24/7 Customer Care (Sri Lanka): +94 11 2303300
- Email: info@allianz.lk · Website: www.allianz.lk
- Head Office: Levels 26-27, One Galle Face Tower, No. 1A, Centre Road, Galle Face, Colombo 02.

Data Privacy & Protection.

The Insurer is strongly committed to conducting its business in full compliance, and in accordance with applicable Data Privacy protection laws and regulations. All privacy related matters are governed by Allianz Privacy Notice which is available on the Insurer's official website https://www.allianz.lk/dataprivacy-notice.html. The said privacy notice explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed. Further, the Insurer is committed to keeping your Personal Data only so long as necessary to fulfill the purposes for which the data was collected for or to fulfill legal obligations.

Definition:
Personal Data - means any information relating to an individual pre-approved by the Claims Administrator of the Insurance Company.

9. Importance notice.

The IPID is intended to provide a summary of the main cover and additional covers, if applicable and key features of the policy and is not personalized to your specific individual needs. Complete pre-contractual and contractual terms on the full and personalized information, and exclusions of the product are provided in your policy document. The IPID shall not form a part of the policy/ contract. Therefore, in case of any conflict, the terms and conditions mentioned in the policy document shall prevail.