

## Group Health Insurance

### a. POLICY SCHEDULE

#### Insured Detail

Policy Number : 4015/X/S/426742815/00/000  
 Issued At : MUMBAI  
 Name of the Insured : TEZPUR UNIVERSITY  
 Mailing Address of the Insured : TEZPUR UNIVERSITY NAPAAM TEZPUR DISTSONITPUR , ASSAM - 784028

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 Jan 05, 2026 To Midnight Jan 04, 2027  
 Product : Group Health Insurance  
 Total Lives Insured : 5227  
 Sum Insured : ₹52,27,00,000.00  
 Details of Person Insured : As per Annexure Premium Computation  
 Basic Premium : ₹6,32,466.00  
 Stamp Duty : ₹0.50  
 \*Total Premium : ₹7,46,311.00

\*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	NO
8	30 Days waiting period,1st Year waiting period	Waived Off
9	Age Band	3 years to 30 years
10	Family Definition	The family shall comprise of the insured student only
11	Sum Insured	SI is restricted to Rs.100000 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. OPD Cover, Health Check Up, PPN Option	NA
13	Room Rent	" For Normal 2% of SI, for ICU 4% of SI (Room rent limit is incl. of Nursing Charges). Proportionate deduction will be applicable"
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 : ICIHLP24018V052324

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	Ambulance Service	Ambulance Charges limited to Rs.1500 per hospitalization
28	Installment	"Premium to be paid in installment - a) 1st installment - dated 5th Jan 2026 - Amount 632467/- + TAX b) 2nd installment - dated 5th August 2026 - Amount 632467/- + TAX I. Grace Period of 15 days where premium payment mode is monthly and 30 days in all other cases. II. During such grace period, Coverage will not be available from the instalment premium payment due date till the date of receipt of premium by Company. III. The Benefits provided under Waiting Periods , Specific Waiting Periods Sections shall continue in the event of payment of premium within the stipulated grace Period. IV. In case of instalment premium due not received within the grace Period, the Policy will get cancelled. "

**Disease Wise Sublimit**

Sr No.	Diseases	Metro Locations	Non Metro Locations
1	Medical Cases (Any one claim)	₹ 15000	₹ 15000
2	Appendix	₹ 20,000	₹ 20,000
3	Calculus of Kidney	₹ 20000	₹ 20000
4	Fracture/ Tear of knee/ Dislocation of Joint	₹ 25000	₹ 25000

4

**Conditions**

- 1 No. of Students : 5227  
 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 : 18AAACI7904G1ZM

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

HSN SAC code : 997133 GENERAL INSURANCE SERVICES

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Website : [www.icicilombard.com](http://www.icicilombard.com)

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited at Mumbai on Jan 05, 2026

Yours sincerely

*Gaurav Ahira*

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