



HOSPITALIZATION SUPPORT PLAN

Fairfirst Insurance Limited will pay a fixed cash benefit to the Insured upon hospitalization in a government hospital or registered private hospital or nursing home as an inpatient, as a result of sustaining accidental bodily injury, an occurrence of a sudden sickness/illness contracted/ after the commencement of the policy or any surgery which is not specifically excluded, up to the limits stipulated below.

Cover details

* Hospitalization in any government hospital or private registered hospital are covered, for a maximum period of 30 nights in one year excluding first night.

1 Benefit limits for prepaid & post-paid customers

1.1 Limits

Annual limit – Maximum of 30 nights.

1.2 Daily allowances and premiums limits

Refer annexure 01 for table of benefits & daily premiums.

1.3 Value added benefit – Dengue cover for pre-paid & post-paid customers

Upon diagnosis of dengue fever, the amount payable shall be the higher of either

- 1 The dengue cash grant stated below or
- 2 The standard hospital cash payment depending on the duration of hospitalization as per scale (Refer as annexure 01), subject to complying with all the listed benefit triggers.

Premium including Service Fee	No of days covered	Dengue cash grant
LKR 78.60 TO LKR 157.20	16 to 30 or 31 days	LKR 12,500
LKR 01.00 TO LKR 78.60	01 to 15 days	LKR 6,250

1.3.1 Benefit triggers

- A positive result from NS1 antigen test is mandatory for registered private hospitalization.
- (NS1 antigen report should contain the name & age of the patient)
- Date of NS1 antigen test showing “positive” result for dengue should be during hospitalization or not more than 72 hours prior to time of admission to the hospital.
- Patient’s admission to the hospital is mandatory.
- NS1 report is not compulsory for government hospitalization.

1.3.2 Epidemic / Pandemic Coverage

Claims related to pandemic and epidemic are limited as below with effect from 01st February 2021:

Tiers	Daily Allowance Per night	Limit Per Annum spent
Tier 1	LKR. 1,200.00	10,000.00
Tier 2	LKR. 4,000.00	12,000.00
Tier 3	LKR. 6,500.00	14,000.00

1.4 Extended benefits for post-paid customer

PREMIUMS WILL BE APPLICABLE FROM 01ST OF JANUARY 2023

Premium including Service Fee (EXCL. TAXES)					
Product Tier	Per Main Policy	Per Spouse	Per Child	Daily Allowance Per Night Spent	Annual Limit
BASIC	LKR.157.20	LKR. 103.22	LKR. 79.40	LKR. 1,200.00	LKR. 36,000.00
SILVER	LKR. 438.70	LKR. 291.38	LKR. 230.54	LKR. 4,000.00	LKR. 120,000.00
GOLD	LKR. 682.42	LKR. 456.54	LKR. 365.85	LKR. 6,500.00	LKR. 195,000.00

2 Enrolment Process

- 2.1 Dial #107*1# BIMA Lanka Insurance Brokers (pvt) Ltd. Customer service hotline 1343 to enrol.
- 2.2 Subscribers will receive a welcome SMS to confirm registration by dialling the code #107*1#
- 2.3 Payments are made through daily deductions for prepaid subscriber’s connection and monthly if subscriber has a post-paid connection.
- 2.4 Upon discharge from hospital, subscriber may call customer support line 1343. An agent will assist the subscriber.
- 2.5 Subscriber’s insurance claim will be paid through a bank deposit and in the absence of account numbers, payment will be settled by a cheque drawn in favour of policyholder, subject to submission of all relevant documents.

3 General policy conditions and privileges

3.1 Geographical Territory

All benefits provided under this policy are applicable only for hospitalizations within the geographical territory of Sri Lanka.

3.2 Policy Commencement and Renewals

Deduction for this policy will start immediately and the cover will be active from the first day of the next month and three (3) months waiting period is applicable from cover commencement date (effective from 20th March 2023). The cover amount will be based on the number of deductions: the details of which can be found in Annexure 01. Thereafter, this policy is renewable monthly at the premium rates effective at that time.

3.3 Age Limit

3.3.1 Age limit: Applicable for subscriber's registered on or before 31st March 2023.

- Minimum age at entry – 18 years
- Maximum age at entry – 65 years
- Cover ceasing age – 65 years

3.3.2 Age limit: Applicable for subscriber's s registered on or after 1st April 2023.

- Minimum age at entry – 18 years
- Maximum age at entry – 60 years
- Cover ceasing age – 65 years

3.4 Eligibility & Enrolment

The Policyholder must be, aged between eighteen (18) years up to age sixty five (65 (effective on or before 31st March 2023)) or aged between eighteen (18) years up to age sixty (60 (effective from 1st April 2023)), at the time of registration through subscribing number to be covered under this Policy if accepted by the Company.

3.5 Premium Payments

The policy holder shall settle premium as per sections 1.3 and 1.4 with taxes.

In case if the subscriber does not pay for a month, then three (3) months waiting period will be applicable once the payment is received to The Company – effective from 20th March 2023

3.6 Termination of individual insurance

The insurance cover shall be automatically terminated at the earliest time below:

3.6.1 The Insured Person exceeds 65 years of age; or

3.6.2 Upon Death; or

3.6.3 Upon cancellation or withdrawal of subscription by Dialog of the contract/relationship with the Insured, whatever the reason may be; or

3.6.4 In case of non-payment of the individual insurance Premium.

3.7 Notice

Every notice or communication to the company shall be in writing and sent to the company address. The Insured will be contacted by BIMA Lanka Insurance Brokers (Pvt) Ltd through his/her subscriber number.

- 3.8 Alterations
The Company reserves the rights to amend the terms and provisions of this policy by giving 30 days prior notice in writing by ordinary post to the policyholder's last known address in the Company's record or by sending SMS to the policy holder
- 3.9 Claim submission
All claim documents pertaining to hospitalization shall be submitted within 90 days from the date of discharge.
- 3.10 Claim Settlement
The Insured should notify in writing of hospitalization of the insured to Fairfirst Insurance Limited via BIMA Lanka Insurance Brokers (Pvt) Ltd together with the cause and proof thereof. This written notice shall be accompanied by a certificate of the attending physician containing registration number and mentioning the actual cause for hospitalization of the insured. Fairfirst Insurance Limited should be notified of the occurrence of hospitalization of the insured person as soon as possible by BIMA Lanka Insurance Brokers (Pvt) Ltd, but not exceeding ninety (90) days from the date of hospitalization after which it will be treated as time-barred and Fairfirst Insurance Limited shall not be bound to pay the claim.
For each reported claim, Fairfirst Insurance Limited must obtain documents outlined under "3.13. Claim documents"
Fairfirst Insurance Limited shall process and pay genuine and approved claims on receipt of required documents from BIMA Lanka Insurance Brokers (Pvt) Ltd, within three (3) working days. If there is a dispute, suspected fraudulent activity on the claim or a unique situation which requires further clarification or investigation, the payment period can be extended but shall not exceed ten (10) working days, or as long as the dispute takes to resolve in the legal system.
- 3.11 Claim Limits
A daily allowance shall be paid for the period of hospitalization based on the premium paid as stipulated above in 1.4. The maximum claimable limit for 12 calendar months shall not exceed the annual limit stipulated above i.e. under 1.1 or 1.4 of this Schedule.
During one calendar year, not more than one Dengue Cash Grant shall be payable per policy holder.
- 3.12 Certification, Information and Evidence
All certificates, information, evidence required by the company shall be furnished at the expense of the insured and in such a form that the company may require.
- 3.13 Claim Documents
3.13.1 Claims shall be submitted with:
 - Claim form
 - Copy of completed diagnosis card
 - Copy of identification document (Identity card/Driving license)
 - Proof of enrolment (provided by BIMA Lanka Insurance Brokers (Pvt) Ltd)3.13.2 For Dengue cash grant
 - Original dengue antigen report of NS1 from private hospitals or dengue antigen confirmation on diagnosis card from government hospitals should be submitted along with above documents.

- 3.13.3 Pandemic / Epidemic – (C'19)
- Diagnosis card
 - PCR test reports / Antigen reports
 - Copy of NIC / Driving license
- 3.13.4 The processing of claim will commence only upon receipt of the complete documents as stated above.
- 3.13.5 All diagnosis cards should be duly completed with all the necessary components including:
- Admission and discharge dates
 - Patient's name, age and sex
 - Admission complaints
 - Investigations done
 - Treatment given and the plan on discharge
 - Doctor's rubber stamp and the signature
- 3.14 Misrepresentation /Fraud
If any claim made is found fraudulent or exaggerated or if any false declaration or statement is made in support thereof, then in any of these cases, the company reserves the right to void the cover in respect of such Insured.
- 3.15 Governing Law
This policy is issued and governed by the law of the Democratic Socialist Republic of Sri Lanka.
- 3.16 Currency of the Payments
All payments to the insured and to the company shall be made in Sri Lankan Rupees.
- 3.17 Intentional false statements of any insured person
In case of concealment or misrepresentation by an insured person, the Hospitalization Support plan insurance policy shall be null and void with respect to the relevant insured Person.
- 3.18 No assignment
The hospital insurance cover granted under this policy shall be non-assignable. Dengue cash grant is available only for the policyholder and is not transferable.
- 3.19 Exclusions
The company shall not be liable to pay any hospitalization due to the following:
- 3.19.1 Complications in pregnancy, childbirth or birth control are only covered after 09 months from the enrolment date with the continuous payment for 09 months.
- 3.19.2 Cosmetic treatments/ surgeries
- 3.19.3 Pre-existing ailments effective from 20th March 2023 for all subscribers
- 3.19.4 Ayurvedic treatments effective from 1st August 2023 for all subscribers
- 3.19.5 First night stay effective from 1st August 2023 for all subscribers
- 3.20 Cancellation
This policy either in its entirety or in respect of any particular Insured Person may be cancelled at any time by the Company, by notice to the Policy Holder, returning to the Insured Persons via BIMA Lanka Insurance Brokers (Pvt) Ltd the last premium paid for the policy in its entirety. Should

the Insured Person fail to pay the premium for more than 60 days, he/she will be automatically discontinued from the Policy. By like notice to the Company, the Policy Holder may at any time cancel the Policy in which case the Company will retain a portion of the premium for the time the Policy has been in force. If any claim has been paid by the Company during the current period of insurance, no refund premium shall be due to the Policy Holder/Insured Person.

3.21 Law and dispute resolution

This agreement shall be governed by and construed in all respects in accordance with the substantive laws of Sri Lanka. In the event of any dispute, claim, question, or disagreement arising from or relating to this agreement or the breach thereof, the parties hereto shall use their best efforts to settle the dispute, claim, question, or disagreement. To this effect, they shall consult and negotiate with each other in good faith and recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to both parties through company's compliant handling procedure.

If parties do not reach such solution within a period of thirty (30) days of such dispute being raised by a party hereto, upon notice to the other party, such claim, question or difference may be referred to the insurance ombudsman of Sri Lanka or may then be finally resolved through any court of competent jurisdiction holden in Colombo.

4 Definitions

- 4.1 **Accident or Accidental** events shall mean a sudden, unintentional, unexpected, unusual, and specific event that occurs at an identifiable time and place which shall, independently of any other cause and leading to an injury.
- 4.2 **Annual limit** shall mean maximum limit available for the insured to utilize for hospitalizations during one year from the first commencement of the policy.
- 4.3 **Dental treatment** shall mean a treatment done by a doctor having initial B.D.S. (Bachelor of Dental Surgery) qualification, with or without further specialization.
- 4.4 **Disease** shall mean a physical condition marked by a pathological deviation from the normal healthy state.
- 4.5 **Sickness** shall mean any pathological state or state of abnormal function of bodily organs of the insured, not caused by an accident, and objectively diagnosable.
- 4.6 **Injury** shall mean bodily damage caused solely by an accident.
- 4.7 **Surgery** shall mean any of the following medical procedures: To incise, excise or electro cauterize any organ or body part to repair, revise or reconstruct any organ or body part except for dental services.
- 4.8 **Hospital** shall mean only an establishment duly constituted and registered at ministry of health care and nutrition as a hospital for the care of sick and injured persons and which, has facilities for diagnosis and major surgery, and provides 24 hour a day nursing services by registered and graduated nurses.

- 4.9 **Hospitalization Support Plan Insurance Policy** means the policy, providing coverage under the terms, covenants and conditions stated in this agreement. The Hospitalization support plan insurance policy is a product paid daily that gives a monthly cover the following month.
- 4.10 **Hospitalization** shall mean admission and confinement to a Hospital as a registered inpatient under supervision of a medical specialist following initial outpatient, day surgery or ETU treatment.
- 4.11 **Inpatient** shall mean a person confined to overnight stay in the hospital for clinical management of a disease or an injury seeking full time doctors' attention and observation.
- 4.12 **Insured Person / Policyholder / Subscriber** shall mean eligible individual with a Dialog connection who, in accordance with the provisions of this agreement, OR an immediate family member by dialog connection holder on behalf of himself /herself are participating in an insurance plan (the Hospitalization support plan Insurance Policy) as set out in this agreement and who have completed the electronic enrolment form and been accepted by Fairfirst Insurance Limited.
- 4.13 **Policy year** shall mean a period of twelve (12) consecutive months beginning with the policy date and ending with the subsequent policy anniversary.
- 4.14 **Premium** refers to the fee due to the insurer for the provision of the Hospitalization support plan Insurance policy to be paid by the Insured.
- 4.15 **Summary of Cover** shall mean the accurate information about the Hospitalization support plan insurance policy that must be provided by BIMA Lanka Insurance Brokers (Pvt) Ltd to every insured. This information shall describe briefly the provisions, terms and conditions of the policy as to be well understood by the insured. The wording of the summary of cover is prepared by FAIRFIRST INSURANCE LIMITED.
- 4.16 **Entry Date** shall mean the effective date of coverage of an Insured.
- 4.17 **Cover Level** shall refer to day allowances corresponding to each level of premium outlined in clauses 1.2 & 1.4
- 4.18 **Insurer or the Company** shall mean Fairfirst Insurance Limited
- 4.19 **BIMA Lanka Insurance Brokers (Pvt) Ltd** is the service provider facilitating the technical integration between the company and the policyholder.
- 4.20 **Pre – existing conditions** shall mean any injury, illness, condition or symptom of heart attack, cancer, kidney disease, and stroke.
- a) for which treatment, or medication, or advise, or diagnosis, has been sought or received or was foreseeable by You or Insured Person prior to the commencement of the policy.
 - or
 - b) which originated or was known to exist by You or the Insured Person prior to the commencement of the policy whether treatment, or medication, or advise, or diagnosis was sought or received.

Annexure I

A No of successfully deducted days

B Following month cover

January		February		*February- Leap year		March		April		May		June		July		August		September		October		November		December			
A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B
31	1,200	28	1,200	29	1,200	31	1,200	30	1,200	31	1,200	30	1,200	31	1,200	31	1,200	30	1,200	31	1,200	30	1,200	31	1,200	31	1,200
30	1,161	27	1,157	28	1,159	30	1,161	29	1,160	30	1,161	29	1,160	30	1,161	30	1,161	29	1,160	30	1,161	29	1,160	30	1,161	30	1,161
29	1,123	26	1,114	27	1,117	29	1,123	28	1,120	29	1,123	28	1,120	29	1,123	29	1,123	28	1,120	29	1,123	28	1,120	29	1,123	29	1,123
28	1,084	25	1,071	26	1,076	28	1,084	27	1,080	28	1,084	27	1,080	28	1,084	28	1,084	27	1,080	28	1,084	27	1,080	28	1,084	28	1,084
27	1,045	24	1,029	25	1,034	27	1,045	26	1,040	27	1,045	26	1,040	27	1,045	27	1,045	26	1,040	27	1,045	26	1,040	27	1,045	27	1,045
26	1,006	23	986	24	993	26	1,006	25	1,000	26	1,006	25	1,000	26	1,006	26	1,006	25	1,000	26	1,006	25	1,000	26	1,006	26	1,006
25	968	22	943	23	952	25	968	24	960	25	968	24	960	25	968	25	968	24	960	25	968	24	960	25	968	25	968
24	929	21	900	22	910	24	929	23	920	24	929	23	920	24	929	24	929	23	920	24	929	23	920	24	929	24	929
23	890	20	857	21	869	23	890	22	880	23	890	22	880	23	890	23	890	22	880	23	890	22	880	23	890	23	890
22	852	19	814	20	828	22	852	21	840	22	852	21	840	22	852	22	852	21	840	22	852	21	840	22	852	22	852
21	813	18	771	19	786	21	813	20	800	21	813	20	800	21	813	21	813	20	800	21	813	20	800	21	813	21	813
20	774	17	729	18	745	20	774	19	760	20	774	19	760	20	774	20	774	19	760	20	774	19	760	20	774	20	774
19	735	16	686	17	703	19	735	18	720	19	735	18	720	19	735	19	735	18	720	19	735	18	720	19	735	19	735
18	697	15	643	16	662	18	697	17	680	18	697	17	680	18	697	18	697	17	680	18	697	17	680	18	697	18	697
17	658	14	600	15	621	17	658	16	640	17	658	16	640	17	658	17	658	16	640	17	658	16	640	17	658	17	658
16	619	13	557	14	579	16	619	15	600	16	619	15	600	16	619	16	619	15	600	16	619	15	600	16	619	16	619
15	581	12	514	13	538	15	581	14	560	15	581	14	560	15	581	15	581	14	560	15	581	14	560	15	581	15	581
14	542	11	471	12	497	14	542	13	520	14	542	13	520	14	542	14	542	13	520	14	542	13	520	14	542	14	542
13	503	10	429	11	455	13	503	12	480	13	503	12	480	13	503	13	503	12	480	13	503	12	480	13	503	13	503
12	465	9	386	10	414	12	465	11	440	12	465	11	440	12	465	12	465	11	440	12	465	11	440	12	465	12	465
11	426	8	343	9	372	11	426	10	400	11	426	10	400	11	426	11	426	10	400	11	426	10	400	11	426	11	426
10	387	7	300	8	331	10	387	9	360	10	387	9	360	10	387	10	387	9	360	10	387	9	360	10	387	10	387
9	348	6	257	7	290	9	348	8	320	9	348	8	320	9	348	9	348	8	320	9	348	8	320	9	348	9	348
8	310	5	214	6	248	8	310	7	280	8	310	7	280	8	310	8	310	7	280	8	310	7	280	8	310	8	310
7	271	4	180	5	207	7	271	6	240	7	271	6	240	7	271	7	271	6	240	7	271	6	240	7	271	7	271
6	232	3	180	4	180	6	232	5	200	6	232	5	200	6	232	6	232	5	200	6	232	5	200	6	232	6	232
5	194	2	180	3	180	5	194	4	180	5	194	4	180	5	194	5	194	4	180	5	194	4	180	5	194	5	194
4	180	1	180	2	180	4	180	3	180	4	180	3	180	4	180	4	180	3	180	4	180	3	180	4	180	4	180
3	180	0	-	1	180	3	180	2	180	3	180	2	180	3	180	3	180	2	180	3	180	2	180	3	180	3	180
2	180	0	-	0	-	2	180	1	180	2	180	1	180	2	180	2	180	1	180	2	180	1	180	2	180	2	180
1	180	0	-	0	-	1	180	0	-	1	180	0	-	1	180	1	180	0	-	1	180	0	-	1	180	1	180