



31-05-2023

Our Ref No : 1183521 - R1

The Chairman,  
Department Procurement Committee,  
Gampaha Wickramarachchi University of Indigenous Medicine  
Kandy Road, Yakkala

Surgical and Hospital Expenses Insurance Quotation Slip

We thank you for the opportunity granted to Continental Insurance to quote your insurance and have pleasure in submitting our terms for your consideration.

**Name of Insured:** Gampaha Wickramarachchi University of Indigenous Medicine

**Period of Insurance :** One year (Dates to be agreed)

**Policy form:** As per the standard CILL "Surgical and Hospital Expenses Insurance" policy Wordings

		SCHEME 01		SCHEME 02		SCHEME 03		SCHEME 04		SCHEME 05	
		SCHEME 01-A	SCHEME 01-B	SCHEME 02-A	SCHEME 02-B	SCHEME 03-A	SCHEME 03-B	SCHEME 04-A	SCHEME 04-B	SCHEME 05-A	SCHEME 05-B
A	Maximum Room Charges including ICU Room Charges (per day)	LKR	LKR	LKR	LKR	LKR	LKR	LKR	LKR	LKR	LKR
B	Hospital and Nursing home maintenance charges including Admission fees, Surgeon's and Anesthetist's fees Consultant's and Specialist fees, Specialist services including deep therapy treatment, Radiology examination and treatment (X-ray,CT,MRI etc.) Electrical treatment, Physiotherapy and all other Medical and Surgical expenses incurred following a hospitalization including Operating theater charges.	500,000.00	500,000.00	300,000.00	300,000.00	200,000.00	200,000.00	40,000.00	40,000.00	100,000.00	100,000.00
C	Hospitalization in a non paying ward of Gov. Hospital or Gov. ayurvedic hospital (Per day) up to a maximum of 21 days payable under Indoor limit - Per Event	3,000.00	3,000.00	3,000.00	3,000.00	2,000.00	2,000.00	1,000.00	1,000.00	1,000.00	1,000.00
D	Expenses incurred on drugs purchased, Cost of Tests, Scans and X-rays etc. and Cost of other services whilst in a non paying ward of government hospital (if such is not available in hospital and payable under indoor limit)	Up to the indoor limit									
E	Emergency Travelling (Ambulance Charges only)	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00
<b>LIMIT OF INDEMNITY - INDOOR</b>											
F	Maximum limit per Year per Individual/Family	500,000.00	500,000.00	300,000.00	300,000.00	200,000.00	200,000.00	40,000.00	40,000.00	100,000.00	100,000.00
	Maximum limit per Event per Individual/Family	500,000.00	500,000.00	300,000.00	300,000.00	200,000.00	200,000.00	40,000.00	40,000.00	100,000.00	100,000.00
<b>2 DENTAL COVER - WITHIN THE INDOOR LIMIT</b>											
G	Expenses Incurred on Dental treatment (filling & extraction only) including related medicines, X-rays..etc	3,000.00	N/A	3,000.00	N/A	3,000.00	N/A	3,000.00	N/A	3,000.00	N/A
	Any claims from mobile clinics / medical camps are excluded.										







9 Vaccinations (Excluding COVID related) prescribed by a doctor whilst hospitalised are covered within the Indoor Limit

10 Expenses incurred in respect of below mentioned tests, without being admitted to the hospital recommended by a consultant are reimbursed under the indoor limit.

- a. MRI scan
- b. Endoscopy
- c. Colonoscopy
- d. Bronchoscopy
- e. Sigmoidoscopy
- f. CT Scan
- g. Cystoscopy
- h. Laparoscopy
- i. All the investigations done with insertion of camera to the body

11 Cover for Pre & Post Hospitalization expenses incurred during the policy period - continuation of treatment before and following a Hospitalization related to particular ailment will be accommodated up to 30 days.

**12 Epidemic and Pandemic Cover**

Hospitalization expenses incurred due to Epidemic and Pandemic Diseases including COVID 19 are covered within the Indoor limit

- a) Bills should be in the name of registered hospitals, and Covid 19 should be mentioned as the illness in Diagnosis card
  - b) Should be prescribed by a registered MBBS doctor. Voluntary admissions are not covered.
  - c) Expenses incurred under Hospitals, converted hospitals & MOH approved Intermediate Care Centers are covered
  - d) Expenses incurred for Self / Pure Quarantine in Hotels, quarantine centers and any other similar establishments are not covered
- 13 Claims will be settle inclusive of VAT amount charged, within the respective benefit limit

**ADDITIONAL BENEFITS - OUTPATIENT BENEFIT COVER**

- 1 Ayurvedic treatment obtained from a government registered ayurvedic practitioner
- 2 Cover for Dental (Filling & extraction only) and Eye treatment.
- 3 PCR Test, Covid antigen test prescribed by doctor are covered within the OPD limit
- 4 Epidemic and Pandemic Diseases including COVID 19 are covered within the OPD limit
- 5 Precautionary & routine vaccines & immunization (Excluding COVID related vaccines) prescribed by a MBBS doctor are covered under OPD limit
- 6 Claims will be settle inclusive of VAT amount charged, within the respective benefit

**PERSONAL ACCIDENT COVER - EMPLOYEE ONLY**

	SCHEME 01		SCHEME 02		SCHEME 03		SCHEME 04		SCHEME 05	
	SCHEME 01-A	SCHEME 01-B	SCHEME 02-A	SCHEME 02-B	SCHEME 03-A	SCHEME 03-B	SCHEME 04-A	SCHEME 04-B	SCHEME 05-A	SCHEME 05-B
Benefit to member	LKR	LKR	LKR	LKR	LKR	LKR	LKR	LKR	LKR	LKR
Accidental Death Benefit to Employee	500,000.00	500,000.00	300,000.00	300,000.00	200,000.00	200,000.00	150,000.00	150,000.00	150,000.00	150,000.00

**Capital Benefit - PA Cover**

- 1 Accidental Death - 100%
- 2 Permanent Total Disablement - As per continental scale provided below
- 3 Temporary Total Disablement: 0.4% of the per person sum insured per week or the weekly equivalent of the insured's persons monthly wage whichever is less (maximum of 52 weeks only)
- 4 Temporary Partial Disablement: 0.2% of the per person sum insured per week or one third of the weekly equivalent of the insured's persons monthly wage whichever is less (maximum of 52 weeks only)

**Extensions - PA Cover**

- 1 Motorcycling
- 2 Cover on a 24 Hour/ World wide cover - Cover provided only for incidental foreign tours



**Conditions - PA Cover**

- 1 Age limit - 18 - 65 yrs
- 2 Proof of income should be submitted in the event of claim.
- 3 This policy is issued on the understanding the proposer/Insured member (risk covered) is/are not subject to any hazardous/ high risk activities/features/Professional Sports activities
- 4 This quotation is issued subject to submission of duly completed proposal forms along with the completed list of Employees including Name, Designations, Monthly Wages, EPF Nos. at the time of confirmation of cover
- 5 All other terms & conditions as per the attached PA quotation and policy wording

TABLE OF PERMANENT DISABLEMENT	
Schedule of Permanent Disability Benefits (as a percentage of the Sum Insured)	
Description of Disablement	Percentage of Benefit
Loss of sight of both eyes, loss of two limbs or	100%
Loss of sight of one eye and loss of one limb	
Loss of sight of one eye or loss of one limb	50%
Loss of thumb	
- both phalanges	25%
- one phalanx	10%
Loss of forefinger	
- three phalanges	15%
- two phalanges	10%
- one phalanx	5%
Loss of any other finger	
- three phalanges	10%
- two phalanges	7%
- one phalanx	5%
Loss of toes	
- all	15%
- great	5%
- other than great	2%
Loss of hearing	
- both ears	75%
- one ear	15%
Not mentioned above: Compensation assessed in proportion to the degree of disability	
(without reference to the profession or occupation of the person insured)	
The aggregate of all percentages should not exceed 100%	

**SPECIAL EXCLUSION(S) - PA Cover**

**1 INFECTIOUS / CONTAGIOUS DISEASE EXCLUSION CLAUSE**

Notwithstanding anything to the contrary, this insurance shall exclude all liability, loss, cost, and/or expense of any nature whatsoever, that, directly or indirectly, results and/or arises from, is in connection with, is related and/or contributed to, and/or is caused by any infectious and/or contagious disease or condition including, but not limited to any pandemic, epidemic or other spread of pathogen including any variation or mutation thereof, howsoever manifested and whether or not declared or acknowledged as such by any Government or competent authority

**2 Sanction Limitation and Exclusion Clause**

### CRITICAL ILLNESS COVER - EMPLOYEE ONLY

Surgical & Hospitalization expenses incurred in respect of Critical illnesses listed below are reimbursed under this policy on "first come, first served basis" and the cover will be active after utilization of the respective indoor limits. Cashless facility will be provided case by case.  
Maximum number of event for the period of Insurance : 5

LIMIT OF LIABILITY	SCHEME 01		SCHEME 02		SCHEME 03		SCHEME 04		SCHEME 05	
	SCHEME 01-A	SCHEME 01-B	SCHEME 02-A	SCHEME 02-B	SCHEME 03-A	SCHEME 03-B	SCHEME 04-A	SCHEME 04-B	SCHEME 05-A	SCHEME 05-B
Maximum Limit per Member / per event	LKR	LKR	LKR	LKR	LKR	LKR	LKR	LKR	LKR	LKR
Expenses incurred on drugs purchased, Cost of Tests, Scans and X-rays etc. and Cost of other services whilst in a non paying ward of government hospital due to critical illness (if such is not available in hospital and payable under critical illness limit)	1,000,000.00	1,000,000.00	600,000.00	600,000.00	400,000.00	400,000.00	150,000.00	150,000.00	150,000.00	150,000.00

### Critical illness

- 1) Angioplasty (PTCA)
- 2) Aorta Surgery
- 3) Apallie Syndrome (Vegetative State)
- 4) Blindness
- 5) Brain tumor
- 6) Cancer
- 7) Chronic liver disease
- 8) Chronic Lung disease
- 9) Coma
- 10) Coronary Artery Surgery
- 11) Deafness (loss of hearing)
- 12) Fulminant viral Hepatitis
- 13) Heart valve surgery & Replacement
- 14) Brain Surgeries
- 15) Loss of speech
- 16) Major Burns
- 17) Major head trauma
- 18) Major Organ Transplant
- 19) Motor neurone disease
- 20) Multiple sclerosis
- 21) Muscular dystrophy
- 22) Myocardial Infraction(Heart Attack)
- 23) Paralysis
- 24) Renal Failure(end stage renal disease)
- 25) Pulmonary arterial hypertension
- 26) Stroke

### LIFE COVER - EMPLOYEE ONLY

Benefit to member	SCHEME 01		SCHEME 02		SCHEME 03		SCHEME 04		SCHEME 05	
	SCHEME 01-A	SCHEME 01-B	SCHEME 02-A	SCHEME 02-B	SCHEME 03-A	SCHEME 03-B	SCHEME 04-A	SCHEME 04-B	SCHEME 05-A	SCHEME 05-B
Natural Death Benefit to Employee	LKR	LKR	LKR	LKR	LKR	LKR	LKR	LKR	LKR	LKR
	500,000.00	500,000.00	300,000.00	300,000.00	200,000.00	200,000.00	150,000.00	150,000.00	150,000.00	150,000.00

### Underwriting Requirements - Life Cover

- 1 Duly filled proposal form by the company
- 2 Form 20: "Notice of Change of Director/Secretary and Particulars of Director/Secretary".

### Special Conditions - Life Cover

- 1 Above premium is calculated assuming that all participants are actively at work as on the date of commencement of the cover and have not been absent from work due to sickness for more than three weeks per year during the previous two years

### 2 Minimum & maximum ages at entry:

Death Cover: 18 – 64 years

### 3 Death Cover cessation age:

Death Cover: 65 years

### 4 Life Cover will be provided by reputed life insurance provider

- 5 All other terms & conditions as per the standard group life policy & group life department of reputed life insurance company has all rights to request further underwriting requirements if necessary





#### **VALUE ADDED SERVICES**

- 1 Cashless facility (direct claim settlements to the hospital) is available for recognized empanelled hospitals island wide.
- 2 Medical Advisory Service
- 3 E-Card facility
- 4 24/7 call center to assist you

#### **OTHER TERMS AND CONDITIONS**

- 1 Geographical Limit - Sri Lanka only
- 2 Age Limit
  - a. Adults - 18 to 65 years
  - b. Children 00 year to 25 years (Subject to Unmarried & Unemployed)
- 3 Family unit (I) - Consists of Insured, Spouse, and any number of Children  
Family unit (II) - Consists of Unmarried employee and his/her parents
- 4 Maternity and pregnancy related covers are applicable for Family unit (I) only
- 5 Emergency Travelling – Subject to submission of bills from an authorized transpor
- 6 SCHEME 04 and SCHEME 05 entitled for gov. hospitalization only under indoor benefits.
- 7 Limits cannot be upgraded in between the policy period unless due to promotion.
- 8 All claims should be lodged with the company immediately after incurring the expenses but in no event later than 120 working days. At the end of the policy period all outstanding claims including resubmissions should be submitted within 30 days
- 9 Waiting period - Waived off
- 10 Should be treated for more than 06 Hours as an inward patient to claim under indoor benefits, except for Day/OPD surgeries. Submission of Diagnosis card/Bed card is compulsory
- 11 Mid term inclusions will be accommodated only in following situations.
  - New Recruitment and/or their dependents
  - New Born Babies [subject to age limit of Policy]
  - Newly Married [subject to written confirmation from HR Manager]In all other cases, Dependent and / or Parent [if applicable only] inclusions should be done at the time of Policy Inception only.

#### **PREMIUM CALCULATION**

##### **Premium method for New Inclusion:**

If cover is granted during the period of policy, and if the remaining period is

- a. 6 months or above -100% of the premium
  - b. 3 to 6 months – 75% of the premium
  - c. 3 months & below – 50% of premium
- Outdoor is charged with 100% premium regardless of the period of cover

##### **Premium method for Deletions:**

- Deletions in the 1 quarter - 75% premium to be refunded  
Deletions in the 2 quarter - 50% premium to be refunded  
Deletions in the 3 quarter -25 % premium to be refunded  
Deletions in the 4 quarter - 0% premium to be refunded  
Outdoor premium is non-refundable.

\* Above refunds are allowed subject to there being no claims for the period.

#### SPECIAL CLAIM CONDITION

\* A confirmation on the status of past claims records (detailed claim report) must be produced to the insurer to the prior to confirmation of cover and Continental Insurance Lanka Ltd has the rights to revise the terms, conditions and premiums according to the claim details.

#### WARRANTIES

It is warranted that 50% of premium should be paid within 30 days from the policy commencement and balance amount of premium to be settled within 60 days.

#### SUBJECTIVITY

- 1 This quotation is valid for 3 months from the date issued.
- 2 Total number of employees should not be less than 200
- 3 All the other conditions, warranties and exceptions as per the standard CILL Surgical and Hospital Expenses Insurance Policy.

We trust that the terms are acceptable to you and await your confirmation. Meantime should you need any clarification, Please do not hesitate to contact us.

Assuring you of our best services at all times.

Thank You.

CONTINENTAL INSURANCE LANKA LIMITED.

  
.....  
Authorized Officer



Continental Insurance Lanka Limited  
79, D.C.W.V. Kannangara Mawatha, Colombo 7, Sri Lanka.  
Tel: +94 11 5200 300, Fax: +94 11 5200 350, E-mail: info@cilanka.com, Web: www.cilanka.com

