



# UNITED INDIA INSURANCE COMPANY LIMITED

## ENDORSEMENT SCHEDULE

### GROUP HEALTH POLICY

UIN NO. IRDA/NL-HLT/UII/P-H/V.1/236/13-14

Policy Number	0210002819P100272169	Department	Health
Previous Policy Number	0210002817P100575436		
Type of Policy	Group Health Policy	Business Channel code	
Policy Start Date	01/04/2019	Policy End Date	31/03/2020
Endorsement No	2	Endorsement Effective Date	01/04/2019
Insured's Name	M/s THE NEW INDIA ASSURANCE CO. LTD.	Issuing Office	021000
Address	NEW INDIA ASSURANCE BUILDING 87, M.G.ROAD,FORT MUMBAI. GREATER MUMBAI MAHARASHTRA 400001	Office Address	STADIUM HOUSE VEER NARIMAN ROAD, CHURCHGATE MUMBAI, MUMBAI, MAHARASHTRA MUMBAI 400020 MAHARASHTRA

Insured Request No. & Date	201910113982490 & 01/04/2019
Endorsement Type	Alteration of insured information

#### REASON FOR ENDORSEMENT:

IT IS HEREBY DECLARED AND AGREED THAT IN ACCORDANCE WITH IRDA CIRCULAR REF. IRDA/HLT/REG/CIR/143/09/2018 DTD 05TH SEPTEMBER 2018, THE WAIVER OF EXCLUSION 4.15 STANDS WITHDRAWN FROM THE POLICY SINCE INCEPTION, i.e. 01/APRIL/2019. THEREFORE, THE FOLLOWING EXCLUSION FORMS PART OF THE POLICY CONDITIONS: 4.15 GENETIC DISORDERS AND STEM CELL IMPLANTATION/SURGERY. ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

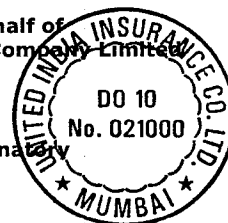
#### ENDORSEMENT WORDING:

Notwithstanding anything contained herein to the contrary it is hereby declared and agreed that the above changes mentioned in reason of endorsement has/have been incorporated under the within mentioned policy.

Subject otherwise to the terms, exceptions, conditions and limitations of this policy.

For and on behalf of  
United India Insurance Company Limited

*Ramesh*  
Authorised Signatory



Printed By : RAS34199 @ 11/10/2019  
Underwritten By : RAS34199 ( DO UW CUM CASHIER )