



Signed  
by:IndusInd  
General Insurance  
Company Limited  
Date:2026.04.23



### GROUP MEDICLAIM SCHEDULE

|  |   |
|--|---|
| Address of Issuing Office :<br>Policy Issuing Office:<br>IndusInd General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai - 400 063.<br>Issuing Branch Code: 9201 | 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East) MAHARASHTRA 400063 |
|--|---|

| Policyholder Details   |                                 |
|--|---------------------------------|
| Policy Number: 110132628120000157  | Proposal No: P041626101365      |
| Name: M/S FEDERATION OF INDIAN PILOTS  | Policy Issue Date: 23/04/2026   |
| Correspondence Address & Place of Supply: AIR INDIA CORPORATION BUILDING OLD AIRPORT KALINA SANTACRUZ (EAST) MAHARASHTRA MUMBAI 400029 | Email Id: o*****@fipindia.com   |
| Period of Insurance: From 10/04/2026 to mid night on 09/04/2027  | Contact No: 8169*****           |
| Tax Invoice No. & Date: P041626101365 & 23/04/2026   | Date of proposal: 23/04/2026    |
| GSTIN/UIN of Policyholder:   | Policy Branch Office Code: 1101 |

| Details of previous policy (in case of renewal) |                            |
|---|----------------------------|
| Previous policy No: 110132528120000148          | Date of expiry: 09/04/2026 |

| Co-Insurance Details               |                |                                |                   |
|------------------------------------|----------------|--------------------------------|-------------------|
| Co-Insurance Company               | Company Status | Company Branch and Branch Code | Company Share (%) |
| INDUSIND GENERAL INSURANCE CO LTD. | Own            | Corporate Group - Mumbai,1101  | 100.00            |

| Risk details   |                 |
|--|-----------------|
| Total No of Employees Covered  | 335             |
| Total No of Lives Covered  | 1245            |
| Basis of Sum Insured   | Family Floater  |
| Family Covered   | As Per Annexure |
| Total Sum Insured (Rs)   | 781000000.00    |
| Coverage Details and List of members covered as per Schedule attached. |                 |

| Premium Details           | Amount (Rs)        |
|---------------------------|--------------------|
| Premium (Rs)              | 27748406.78        |
| CGST (@9.00%)             | 2497356.61         |
| SGST (@9.00 %)            | 2497356.61         |
| <b>Total Premium (Rs)</b> | <b>32743120.00</b> |

Branch GSTIN :27AABCR6747B1ZG;HSN Code :997133;Description Of Services :Accident and Health Insurance Service;  
Consolidated Stamp duty Paid vide, order No ENF-1/CSD/148/2026 Validity Period Dt. 01/02/2026 to Dt. 01/12/2027 OW No.165 Date 13-01-2026  
GRN No 1) MH014703065202526E 2) MH014703835202526E Date 06-01-2026 SBI. Deface No. 1) 0008596866202526 2) 0008596929202526  
Deface Date 12-01-2026. \*\* Not Applicable for the State of Jammu & Kashmir

indusindinsurance.com | 022 4890 3009 (Paid) | 74004 22200 (WhatsApp)  
IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale.  
Registered Office & Corporate Office: IndusInd General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai - 400 063. Corporate Identity No: U66603MH2000PLC128300. MEDICLAIM GROUP INSURANCE - EMPLOYER EMPLOYEE GROUP. UIN : RELHLGP21523V022021 IGI/MCOM/CO/ 2812 -PS/Ver. 2.0/081124

| Coverage Details                       |             |        |   |
|--|-------------|--------|---|
| Cover Name                             | Sum insured | Co-pay | Special Conditions  |
| Hospitalization                        |             |        | Hospitalization expenses covered  |
| Pre Hospitalization                    |             |        | 60 days   |
| Post Hospitalization                   |             |        | 90 days   |
| Maternity Cover                        |             |        | 1) Maternity Benefits: - Rs.75,000 for Normal Delivery and Rs.1,00,000 for C-section. 2) Maternity Benefits applicable for first 2 deliveries   |
| Waiver of Maternity waiting period     |             |        | Waiver of 9 month waiting period for maternity for existing members   |
| Ambulance charges                      |             |        | Emergency Ambulance charges restricted to maximum of INR 12,000 in case of emergency for Road, Rail and Marine. Air Ambulance charges restricted to max 25% of SI, Stretcher facility on regular Airlines covered in case Air Ambulance is not available but commercial air services are available to transport the patient for a life threatening condition if treatment facility is not available within City or State. |
| Baby cover from Day1                   |             |        | New born Baby cover from day one within family floater SI   |
| Domiciliary hospitalization            |             |        | Domiciliary hospitalisation is covered upto 10% of SI as per IGICL policy terms and conditions  |
| Pre and Post natal expenses            |             |        | Pre and Postnatal expenses will be covered in case of IPD only within maternity limit. Policy Sum Insured in case of post-natal emergencies.  |
| Pre-existing illness cover             |             |        | Pre-existing illness cover  |
| Cover for first year excluded diseases |             |        | Waiver of 1st and 2nd yr exclusions   |
| Cover for first 30 days Exclusion      |             |        | Waiver of 30-day waiting period   |
| Cover for congenital diseases          |             |        | Internal Congenital disease covered   |

indusindinsurance.com | 022 4890 3009 (Paid) | 74004 22200 (WhatsApp)  
 IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered Office & Corporate Office: IndusInd General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai - 400 063. Corporate Identity No: U66603MH2000PLC128300. MEDICLAIM GROUP INSURANCE - EMPLOYER EMPLOYEE GROUP. UIN : RELHLGP21523V022021 IGI/MCOM/CO/ 2812 -PS/Ver. 2.0/081124

| Cover Name                              | Sum insured | Co-pay | Special Conditions   |
|---|-------------|--------|--|
| Family Definition                       |             |        | Family Floater (1+5) Self +Spouse/Partner as per Common Law + 4 dependent children upto 30 yrs & 2 Dependent Parents / Parents in Laws (Set of Parents, Cross Selection of parents and in-laws is allowed) upto 90 yrs. Living partner relationship is covered however Spouse and Living Partner both will not be cover Dependent siblings upto 30 years included within family definition of 1+5 Dependent Siblings in case of unmarried member/pilot should be allowed to be covered upto age of 30yrs as per the family definition Dependent Siblings in case of married member/pilot should be allowed to be covered upto age of 30 years as per the family definition, however the cover should be given to children first before extending it to siblings. Sum Insured Family Floater as per annexure- 500000; 1000000; 2500000; 3000000 |
| Additional Details on family definition |             |        | Dependents to be declared at inception of policy only. Mid-term change/addition not allowed except spouse by marriage and child by birth. Data of newly married Spouse and New born child with 30 days from date of occurrence.  |
| Member Addition and Deletion Process    |             |        | 1) Mid-term increase in sum insured is not permitted 2) Addition will be done on full year premium basis for members along with dependants once in a month only, subject to all relevant details being forwarded to insurer before 7th day of succeeding month. 3) Deletion or replacement of a family member is allowed only in case of demise/divorce and necessary proof will have to be furnished for the same. 4) For cover wef from Date of Joining, sufficient CD balance to be maintained with us 5) Addition of existing member will not be allowed after policy inception. There will be no refund for deletion in the policy  |
| Room Rent                               |             |        | "Room Rent including nursing & RMO charges capped at Rs.5Lacs SI is Rs.8,200 for normal room and Rs 11,000for ICU per day Rs.10Lacs SI is Rs.10,200 for normal room and Rs.13,500 for ICU per day Rs.25Lacs SI is Excluding Delhi and NCR Rs.10,700 for normal room and Rs.14,000 for ICU per day Rs.25Lacs SI is Delhi and NCR Rs.11,700 for normal room and Rs.15,000 for ICU per day Rs.30Lacs SI is Excluding Delhi and NCR Rs.11,700 for normal room and Rs.16,000 for ICU per day Rs.30Lacs SI For Delhi and NCR Rs.12,200 for normal room and Rs.16,000 for ICU per day And all other related charges in accordance with room rent rent"  |
| Day care procedure                      |             |        | Day care treatment covered as per IGICL policy terms and conditions  |

General Conditions: 1) It shall be a condition precedent to the Company's liability under this policy that all supporting documents relating to the claim must be submitted to the IGICL within thirty (30) days from the date of discharge from the hospital. In case of post-hospitalization treatment days, all claim documents should be submitted to the IGICL within seven (7) days after completion of such treatment.

2) It is hereby agreed between the Proposer and the Company that any addition / deletion to the list of insured members shall be communicated to the Insurer in writing within a reasonable time but not later than 30 days from the date of the employee joining or being relieved from the organization.

3) Surcharges, service charges, miscellaneous charges and other non-treatment related expenses are not payable.

4) Ailment Capping- Heart related disease (Excluding Heart Transplant) -as per SI as below

5 lacs SI- 5 lacs  
10 lacs SI-6 lacs  
25 lacs SI- 10 lacs  
30 lacs SI- 12 lacs

5) Ailment Capping- Joint replacement - -as per SI as below

5 lacs SI- 5 lacs  
10 lacs SI-5 lacs  
25 lacs SI- 7.5 lacs  
30 lacs SI- 7.5 lacs

Joint Replacement: 6 month waiting period applicable for new enrolments

6) 40% Co-pay for cyber knife treatment and Stem cell transplantation.

7) Cochlear Implant treatment shall be restricted to 40% of Sum Insured.

8) Co-pay for Parents - 20% Co-pay is applicable on each admissible claim amount. Co-pay shall not be applicable on capped ailments like Cataract, Joint replacement.

9) Lasik Surgery is covered in case of Accidents and refractive error +- 6.5

10) AYUSH - Ayurvedic to be covered if treatment is taken as in patient in a Government Hospital/Medical Collage Hospital up to 25% of per Family SI.

11) Laparoscopy, Neurosurgery and Prostate Cancer treatment covered without any capping and to be payable under the policy without any capping.

12) Oral Chemotherapy is covered.

13) Ailment/ Conditions not covered - Septoplasty, RFQMR - Rotational Field Quantum Magnetic Resonance Device - Cytotron, C3R, Bariatric surgery, Ozone Therapy, Enhanced External Counter Pulsation Therapy (EECP), Rejuvenation therapy.

14) Reduction in Sum Insured is not allowed from last year policy. Policy shall be null and Void if found by the insurer.

15) Premium once committed shall not be refundable under any circumstances

16) For new additions under the policy, following conditions are applicable from the date of joining the policy Waiting period of 3 months for all planned surgeries and treatments. 9 months waiting period for maternity.

17) Surgical treatments for External congenital conditions are covered which is necessary for survival

18) If an existing member already covered under the policy decides to opt out of the policy, he would not be allowed to enroll for next 2 years

19) Family of deceased FIP members (already enrolled in GMC) can continue to be covered in the policy and the premium payable in subsequent years will be as per the deceased member's last age

20) No claim Bonus Family sum insured increased by 0.5% of SI in case of no claim under the expiring policy SI.

21) Psychiatric ailments to be covered on IPD basis up to 50% of sum insured

22) Teleconsultation, within sublimit of family SI

23) Below 18 members to have Sum Insured capped at Rs 5 Lacs per family and every claim for single hospitalization for these members and their family to be capped at INR 3 lacs.

24) All FIP members enrolling in the GMC policy for 2026-27 will have to continue for a minimum period of 3 years. In case they leave the policy within this period and return to the policy later, the premium will be loaded by 50% in the subsequent years of enrolment.

25) Lock in for 3 years. Once the member enrolls into GMC, they will have to renew the GMC program for 3 years continuously. In case a member claims and exits after the first year, then he/she will have to face a cooling period of next 2 years and will only be eligible to enroll in the 4th year with 100% loading in the premium

26) Modern treatment- The Company will indemnify the Insured Person up to 50% of base Sum Insured for the Medical Expenses incurred during the Policy Period on Inpatient Treatment or Day Care Treatment or Domiciliary Treatment of below mentioned Modern Treatment Methods:

- Uterine Artery Embolization and HIFU
- Balloon Sinuplasty
- Deep Brain Stimulation
- Oral Chemotherapy
- Immunotherapy-Monoclonal Antibody to be given as injection
- Intra Vitreal injections
- Robot surgeries
- Stereotactic radio surgeries
- Bronchial Thermoplasty
- Vaporization of the prostate (Green laser treatment or holmium laser treatment)
- IONM- (Intra Operative Neuro Monitoring)
- Stem Cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered

27) Rest all other terms & conditions strictly as per IndusInd group Mediclaim insurance policy

Ailment Capping: Ailment Capping: Cataract- INR 100,000 Per Eye

Warranted that the exclusions mentioned below stand deleted:

|                              |
|------------------------------|
| 30 day Exclusion             |
| First Year exclusion         |
| Congenital Internal diseases |
| Pre- existing illness        |
| Maternity                    |
| Maternity waiting period     |

|                   |                                     |                          |
|-------------------|-------------------------------------|--------------------------|
| 14BRG524          | AON India Insurance Private Limited | 7406655400               |
| Intermediary Code | Intermediary Name                   | Intermediary Contact No. |