



Dear Sir,

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QUOTATION FOR SURGICAL & HOSPITAL EXPENSES INSURANCE SCHEME

We thank for having invited us to quote for the above insurance and we would like to inform our premiums & benefits for your kind consideration.

ANNUAL INPATIENT BENEFIT	Plan 01 (Rs.)
ANY YEAR LIMIT/ANY ONE EVENT	100,000
INPATIENT BENEFITS (PRIVATE HOSPITALS)	
[01] Hospital & Nursing Home Maintenance Charges including Room Charges limit Per day (Rs.)	40,000 5,000
[02] Consultant's and Specialist's Fees , Surgeon's and Anesthetists Fees, [03] Medical and Operational Expenses, Nursing Charges including use of operating theatre. [04] Investigations & Special Treatment on the Recommendation Consultant Specialist on Hospitalization.	60,000
ADDITIONAL BENEFITS (PRIVATE HOSPITALS)	
[01] Vaginal child Birth (Normal child birth cover) (Liability effects after 10 months waiting period) (Applicable to family unit or Married employee)	20,000
[02] Caesarian Child Birth Cover (Maximum Limit) (Applicable to family unit or Married employee)	75,000
[03] Maximum amount payable for Instrumental Child birth (Forceps and vacuum delivery) (Applicable to family unit or Married employee)	40,000
INPATIENT BENEFITS (GOVERNMENT HOSPITALS)	
[01] Government Hospital per day (Non paying wards Max .15 days) (One night Considered a day)	1,500
[02] Expenses incurred on drugs purchased & test,scans,& x-rays undergone whilst being an inpatient in a non paying ward of a Government Hospital (Subject to bills being produced)	12,000
OTHER BENEFITS	
[01] Birth of twin within indoor limit	10,000
[02] Cost of Lens Kit for Catract surgery (Maximum Limit)	30,000
[03] Emergency Traveling Allowance within Sri Lanka to obtain emergency treatment charges payable within indoor Limit (Subject to bills being produced)	1,500

. All above benefits are paid within annual inpatient limit

PERSONAL ACCIDENTAL BENEFIT (Member only)	Plan 01
1. Personal Accident Cover - (No Weekly benefit)	500,000
2. Natural Death Cover	100,000

Critical Illness Cover (Member only)	Plan 01
Any one event per person per year	500,000
Annual Limit	5,000,000
Maximum event per year	10

ANNUAL PREMIUM: (Excluding Taxes)	
Per Individual	7,000
Per Family (04 Members)	8,750

ANNUAL PREMIUM: (Including Taxes)	
Per Individual	7,956
Per Family (04 Members)	9,945



TERMS / CONDITIONS

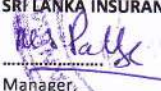
- [01] Family unit consisting of Insured, spouse and 02 children. For each additional child an additional premium of 10% of the family premium will be charged.
- [02] Age limits - Employee 18-60 Years / Spouse 18-60 Years / Children 0- 21 Years (Last birth day)
- [03] All the professional charges/Doctors' fees and Medical expenses will be paid on market rates.
- [04] The cover effects after 30 days from the date of commencement unless the insured has continuation cover from any other insurer. However this 30 days waiting period is applicable for all new inclusions/dependants. (30 days period is not applicable for sicknesses due to accidents)
- [05] The total doctor's charges payable for a hospitalization would be the maximum of the 30% of the total hospital bill. This is not applicable for major surgeries..
- [06] The doctor's charges payable for Endoscopy, Colonoscopy and related procedures would be the maximum of Rs.7500/- each.
- [07] 10 months maternity waiting period is applicable under the policy.
- [08] Pregnancy related ailments and Routine clinics are covered.
- [09] Dental treatments should not be granted under indoor limit except surgeries performed under general anesthesia. Maximum doctor charges limited to Rs.30,000/- .The wisdom Tooth removal is also not entertained.
- [10] In the event of a hospitalization, the follow up drugs to be accommodated only for two weeks.
- [11] Minimum stay of 6 hours in the Hospital is considered as an admission. This is not applicable for surgeries.
- [12] Annual limits cannot be upgraded in-between the policy year.
- [13] Member/dependant inclusions / Deletions. New Inclusions Annual Premium to be collected. Deletions on pro rata basis subject to no calims.
- [14] In respect of a new employee, new born & newly married, mid way inclusion are granted subject to documentary proof as detailed below:-
- * New Employee-Letter from employee on their letter head.
 - * New Born- Copy of Birth Certificate.
 - * Newly Married - Copy of Marriage Certificate.
- [15] Claims are settled on re-imbusement basis. Direct settlement is only for approved Hospitals as per the attached Hospital list
- [16] **The membership should not be less than 650.**
***.Premiums is quoted that more than 650 employees will be enrolled under this scheme of insurance, if it's less than expected figures, premium will be charged.**
- [17] This quotation is valid 15 days from the date of issue.
- [18] Routine health check ups are not covered.
- [19] Cover for OPD Surgeries under L/A (Surgeries available with - out hospitalization) within indoor limit , done by a general surgeon .(All superficial skin & subcutaneous surgeries including removal of Abscess, Cysts , Warts Gangrenes , Lumps , Hematomas , Nails , Lymphomas , Furuncles , Callosities , Keloids, Skin Tags & External Manipulations of Fractures & Traumas limited to maximum of Rs.20,000/-)
- [20] Following tests expences are re-imbursed under indoor limit on the recommendation of the Doctor, without admission to the Hospital. There is no direct settlement for such payments.
- a) MRI b) Endoscopy c) Colonoscopy d) Bronchoscopy e) sigmoidoscopy f) CT Scans
- [21] Test, Investigation, Medical Check up reports issued through Mobile Clinics are not entertained.
- [22] Health plus card is valid for admission to approved hospital but It's is not a certificate of insurance.
- [23] Critical Illness Cover Claims are settled on re-imbusement basis. Only for 10 Critical Illnesses
- [24] **Medical administration charges incorporated to the bill being issued by Lanka hospital , will not be entertained under policy.**
- [25] **Geographical area is in Sri Lanka.(Contracted or Treatment taken)**
- [26] **Overseas treatment and/or external appliances are not covered.**
- [27] **All Claims should be lodged with us immediately after incurring the expenses but in no event later than 90 days.**
- [28] **This offer is granted with the understanding that the insured's insurance portfolio to be placed with Sri Lanka Insurance Corporation Limited. (Stand alone surgical policies will not be issued)**
- [29] **Sri Lanka Insurance Corporation Limited reserves the rights to reject Quotation &/or Change Premium &/or terms & conditions prior to accept proposal &/or issue Policy.**

We hope that the above details will be acceptable to you and look forward to hearing from you early.

Assuring you of our best services at all times.

Yours faithfully,

SRI LANKA INSURANCE CORPORATION LIMITED,


Manager,
Surgical & Health Insurance.

SRI LANKA INSURANCE CORPORATION
SURGICAL AND HOSPITALISATION INSURANCE
APPROVED HOSPITALS FOR HEALTH PLUS



As at: 25-Jun-2015

Ref	Hospital Name	Contact No
Colombo District		
1	Lanka Hospitals (Pvt)Ltd Co.5	011-4530 000
2	The Central Hospital Col.10 (Asha)	011-4660 000
3	Asiri Hospitals - Colombo 05	011-4523 300
4	Asiri Surgical - Colombo 05	011-2368 407
5	Durdans Hospital Colombo 03 (Card is not entertained for Heart Centre)	011-2575 555
6	Jeewaka Hospital Padukka	011-2859 157
7	Mc-Carthy Hospital Colombo 07	011-2693 953
8	Medical Center Ltd Dehiwela	011-2717 979
9	Winsetha Hospital (Fomer Medicare Hospital) - Colombo 10	011-2667 297
10	Nawaloka Hospital Colombo 02	011-5577 111
11	New Delmon Hospital-Colombo 06	011-2586 893
12	Oasis Hospital Ltd Colombo 05	011-5506 000
13	Pannipitiya Nursing Home	011-2840 384
14	Suleiman Hospital-Colombo 14	011-2422 184
15	Joseph Fraser Hospital - Col 7	011-2556 338
16	Panadura Nursing Home	038-2236 300
17	Sri Jayewardenapura Gen. Hos	011-2778 610-12
18	Ninewells Care Hospital (Pvt) Ltd.	011-4520 999
19	Royal Hospital Wellawatte	011-2597 565
20	Golden Key EENT Hospital	011-2880 288
21	Siddalepa Ayurveda Hospital-Mt.Lavinia	011-2721365
22	Dr. Neville Fernando Teaching Hospital -Kaduwela.	0112-407608
23	Hemas Capital Hospitals (Pvt) ltd., Thalawathugoda	011-7-888 888
Galle District		
24	Co-oprative Hospital Galle	091-2224424
25	Ruhunu Hospital-Karapitiya - (Galle)	091-2234 059
26	Hemas Southern Hospital-Galle	091-2222 187
Gampaha District		
27	Leesons Hospital - Ragama	011-2951 488
28	St. Joseph Hosp. Negombo	031-2225 474
29	Ave Maria Hospital-Negombo	031-2232 670/031-2222974
30	Hemas Hospital Ltd.Wattala	011-7-888 888
31	Arogya Hospital Ltd -Gampaha	033-2224592
32	Viweka Hospital -Veyangoda	033-2295965
33	Gampaha Co-operative Hospital - Gampaha	033-2222201
34	Sethma Hospital-Gampaha	033-2233501
35	Nawaloka Hospital Negambo	315577111
Kalutara District		
36	Katukurunda Clinic & Nursing	034-2222 212
37	New Philip Hospitals Kalutara	034-2222 886/ 034-2222 888
38	FamilyCare Kalutara	034-2229 944
Kandy District		
39	Kandy Nursing Homes Ltd Kandy	081-2222 041
40	Lake Side Hospitals Kandy	081-2223 466
41	Suwa Sewana Hospital Kandy	081-2236 404
42	Kandy Private Hospital	081-2234 338
43	Mobile Medicare Hospital Kandy	081-2203366-081-4470366
Kurunegala District		
44	Cooprative Hospital- Kurunegala	037-2222 464
45	Seth Sewana Hospital -Kurunegala	037-2232 365
46	Nawinne Hospital -Kurunegala	037-2223 111
47	Miracle Hospital -Kurunegala	037-7390 350
Matara District		
48	Mohotti (Pvt) Hospital -Matara	041-2222737
49	Asiri Hospital Matara (Pvt) Ltd -Matara	041-4390 900/041-2223180
Ratnapura District		
50	Singhe Hospital Limited - Ratnapura	045-2232232
Ref Unapproved Hospitals for both Cashless and reimbursement		
1	Borella Pvt Hospital	
2	Kolonnawa Nursing Home	
3	Nugegoda Nursing Home	
4	Horana Pvt Hospital	
5	Suwa Shanthi Hospital - Anuradhapura	
6	Navodya Hospital - Embilipitiya	



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Sri Lanka Insurance Corporation Ltd. Medical Insurance Cover
අයදුම් පත්‍රය / Application Form

1. සම්පූර්ණ නම / Name in full:
2. මුලකුරු සමග නම / Name with initials:
3. උපන් දිනය / Date of Birth:
4. ජාතික හැඳුනුම්පත් අංකය / National Identity Card Number:
5. තනතුර / Post:
6. සේවයේ නිරතව සිටින අංශය (පීඨයක නම් එයද සඳහන් කරන්න) / Academic Department With Faculty/ Dept/ Division:
7. පෞද්ගලික ලිපිනය / Private Address :
8. දුරකථන අංකය / Contact Number
 රැකියා ස්ථානය / Work place:
 පෞද්ගලික / Private:
 ජංගම / Mobile:
9. විවාහක/අවිවාහක භාවය / Civil Status:
10. පවුලේ සමාජිකයන් පිළිබඳ විස්තර / Statement of family Members:
 - කාලතුරු පිළිබඳ විස්තර / Detail of spouse
 සම්පූර්ණ නම / Name in full:
 උපන් දිනය / Date of Birth:
 රැකියා ස්ථානය / Work Place:
 ජාතික හැඳුනුම්පත් අංකය / National Identity Card Number:
11. අවුරුදු 21 ට අඩු දරුවන් පිළිබඳව විස්තරය / Children Below Age 21

	සම්පූර්ණ නම / Name in full	උපන් දිනය / Date of Birth
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02		
03		

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අයදුම්කරුගේ අත්සන