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Ask **THE EXPERT**

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GENERAL INSURANCE

Minimum seven members are needed for group policies

Is there a minimum number of people for a group insurance policy? I have a civil contract and interior designing business and I wanted to buy accident insurance for my employees. I have five full-time employees and also temporary workers - AMIT SHARMA

Minimum seven members are required on day one for the purpose of group health/accident policies. In your case, I would suggest you to buy an Employees Compensation policy (Previously known as Workmen's Compensation policy). This policy doesn't have a minimum limit to the number of people that can be covered and also includes employees on contract basis. It covers accident, disability, death and also medical expenses due to an accident if specifically opted for. It is important to note that Employees Compensation policy operates only during the course of employment. Over and above this, I would also advise you to ideally opt for personal accident policy for your employees on individual basis, which will provide them a holistic coverage and is quite inexpensive to buy.

My daughter has been advised to undergo a test for which she will have to remain in the hospital overnight as it will take eight hours. The cost is Rs 10,000. Can I claim insurance since it is an overnight stay? But there is no surgery or medicine prescribed as of now - KAVITA RAMACHANDRAN

Pre-hospitalisation, post-hospitalisation and follow-up treatment expenses are usually covered under health insurance policies. Although, the coverage terms and conditions differ from policy to policy, depending on the insurer. Hence, admission for the sole purpose of investigation is not payable in health insurance policies, but admission for such test followed by active line of treatment will be payable. I would suggest you to get in touch with your insurance company to understand the extent of your policy coverage.

Is there a way to get pre-existing diseases covered if I pay higher premium? ATUL SHINDE

Health insurance usually covers pre-existing diseases after specific waiting periods as per policy terms and conditions. Although, guidelines of which pre-existing diseases are to be covered differ from company to company, as per their product construct and underwriting guidelines. Declaration of pre-existing diseases is important. Based on this, the insurance company may ask you further information on the pre-existing disease and evaluate your proposal. Disclosing all relevant information to your insurance company will help you with hassle-free claims experience.