



बीमा विनियामक और विकास प्राधिकरण
INSURANCE REGULATORY AND
DEVELOPMENT AUTHORITY

CIR/011/ 3/IRDA/Health/SN/09-10
25th May 2009

To,

CEOs of all General Insurance Companies


Sub: Health Insurance for Senior Citizens

Under the provisions of section 14 (1) and (2)(b) of the Insurance Regulatory and Development Authority Act, 1999, and in pursuance of the recommendations of various committees and working groups constituted by the Authority, the Authority issues the following instructions on health insurance for senior citizens:

1. All health insurance products filed hereafter must allow entry at least till 65 years of age. Also, any differences in product specifications for different age groups or for different entry ages must be clearly spelled out upfront in the prospectus and policy documents.
2. Any proposal for health insurance of senior citizens, which are denied on any grounds, should be made in writing with reasons furnished and recorded. Such reasons should stand the scrutiny of reasonableness and fairness.
3. The premium charged for health insurance products catering to the needs of senior citizens should be fair, justified, transparent and duly disclosed upfront. The details of any loading charged must also be made available to the insured.
4. Insurers should devise mechanisms to reward policyholders for early entry and continued renewals with the same insurer.
5. Where TPAs are used by insurers, policyholders shall be given an option to seek a change of TPA which could be exercised 30 days before the renewal date of the policy, and such changed TPA would be allocated by the insurer from amongst TPAs empanelled by the insurer for this purpose.

6. Each instance of delay in issue of identity cards to policyholders beyond 30 days from issue of policy may entail a penalty being levied on the concerned insurer.
7. All health insurance policies must enclose an annexure briefly describing in simple language the coverage and the key terms and conditions of the policy.
8. Insurers will ensure data collation and timely compliance to providing the product-wise reports as and when required by the Authority, providing information on the number of persons insured, claims data, distribution, claim settlement etc.
9. Insurers will reimburse at least 50% of the cost incurred by the insured in pre-insurance medical examination, in cases where the risk is accepted. In addition, insurers will also enlist (or empanel, as the case may be) government medical institutions from which such pre-insurance reports will be accepted by them. Where the risk is accepted, copies of such medical examination reports should also be made available to the insured if requested for.
10. Insurers will ensure adequate dissemination of product information on all their health insurance products in their websites. The information shall include a description of the product, and copies of the prospectus, proposal and policy clauses.
11. Insurers will individually and collectively work towards evolving mechanisms for action against medical establishments, TPAs and policyholders guilty of making or supporting fraudulent claims and for sharing of such information among themselves.

This circular shall take effect for all policies issued or renewed on or after 1st of July, 2009. All general insurance companies are advised to ensure due compliance with the provisions contained in the circular as any failure to do so would render them liable to appropriate action under the provisions of IRDA Act, 1999, the Insurance Act, 1938 and the regulations framed thereunder.


(J. Hari Narayan)
Chairman