UNITED INDIA INSURANCE COMPANY LIMITED
REGISTERED & HEAD OFFICE: 24, WHITES ROAD, CHENNAI-600014

FAMILY MEDICARE POLICY - PROSPECTUS

SALIENT FEATURES OF THE POLICY

This policy covers all the members of a family under a single sum insured.

Eligibility : Family comprising of Self, Spouse and Dependent Children

Age : Proposer between 18 and 80 years

Dependent children between the age of 3 months and 18 years provided either or both parents are covered concurrently. However, children above 18 years will cease to be covered if they are employed/self-employed or married. For unmarried and unemployed girls, disabled children without income dependent upon Proposer, the age limit of 18 will not apply. Male child upto 26 years can be covered provided they pursue full-time higher studies and submit Bonafide Certificate from Institution.

Sum Insured : Beginning from Rs.1 lac in multiples of Rs.50,000/- upto Rs.5 Lac and from Rs.5 Lac to Rs.10 Lac in multiples of Rs.1 lac.

Existing Individual Health Policyholders of the Company can also opt for Family Medicare Policy on expiry of their current policy if there has been no claim for the preceding two years in respect of insured persons. If parents are covered under existing health policy of the company they can opt for a separate Family Medicare Policy. Either parent or son/daughter can be the proposer for such a policy.

No Claim discount/Cumulative Bonus, if any, under existing policy will not be carried forward.

COVERAGES

Policy covers Hospitalisation Expenses.
Expenses prior to and after hospitalisation are also covered. Further details of coverage are given below:

Expenses on Hospitalisation for minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments as detailed in the policy.

Note: Procedures/treatments usually done in out patient department are not payable under the policy even if converted as an in-patient in the hospital for more than 24 hours or carried out in Day Care Centres.

Hospitalisation Expenses:

A. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home upto 1% of Sum Insured per day. This also includes Nursing Care, RMO charges, IV Fluids/Blood Transfusion/Injection administration charges and similar expenses.
B. If admitted in IC Unit, the Company will pay upto 2% of Sum Insured per day or actual amount whichever is less.
C. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees

D. Anaesthetist, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, relevant laboratory diagnostic tests, etc. and other similar expenses.

E. All Hospitalisation Expenses (excluding cost of organ, if any) incurred for donor in respect of Organ transplant to the insured.

Expenses in respect of the following specified surgeries will be restricted as detailed below:

Hospitalisation Benefits	LIMITS FOR EACH HOSPITALISATION
a. Cataract, b. Hernia, c. Hysterectomy d. Following Specified major surgeries i. Cardiac Surgeries ii. Cancer Surgeries iii. Brain Tumour Surgeries iv. Pacemaker implantation For sick, sinus syndrome v. Hip replacement vi. Knee joint replacement	a. 10% of SI subject to maximum of Rs.25,000/- b. 15% of SI subject to maximum of Rs.30,000/- . c. 20% of Sum Insured subject to maximum of Rs.50,000. d. 70% of the Sum Insured subject to max. Of Rs.4 lac.

The above limits specified are applicable per hospitalisation/ surgery.

Pre & Post Hospitalisation in respect of each hospitalisation	--- Actual expenses incurred subject to maximum of 10% of Sum Insured whichever is less.

In respect of persons above 60 years, 10% deductible will be applied on all admissible claims.

2.1 Expenses on Hospitalisation for minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments ie.Dialysis, Chemotheraphy, Radiotherapy, eye surgery, dental surgery, Lithotripsy (Kidney Stone removal), Dilatation & Curettage, Tonsilectomy taken in the Hospital/Nursing Home and the insured is discharged on the same day, the treatment will be considered to be taken under hospitalisation benefit.

Further if the treatment /procedure/surgeries of above diseases are carried out, in Day Care Centres which is fully equipped with advanced technology and specialised infrastructure where the insured is discharged on the same day, the requirement of minimum beds will be overlooked provided following conditions are met.

1. The operation theatre is fully equipped for the surgical operation required in respect of sickness/ailment/injury covered under the policy.
2. Day Care nursing staff is fully qualified.
3. The doctor performing the surgery or procedure as well as post operative attending doctors are also fully qualified for the specific surgery/procedure.

Note: Procedures/treatments usually done in out patient department are not payable under the policy even if converted as an in-patient in the hospital for more than 24 hours

2.2 For Ayuredic Treatment, hospitalisation expenses are admissible only when the treatment has been undergone in a Government Hospital or in any Institute recognised by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health.

MEDICAL EXPENSES INCURRED UNDER TWO POLICY PERIODS

If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier.

DEFINITIONS

3.1 A Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under

1) Has qualified nursing staff under its employment round the clock.
2) Has at least 10 in-patient beds in towns having a population of less than 10 lacs and at least 15 in-patient beds in all other places;
3) Has qualified medical practitioner(s) in charge round the clock;
4) Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
5) Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

3.2 Hospitalisation Means admission in a Hospital/Nursing Home for a minimum period of 24 In-patient care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

3.3 ANY ONE ILLNESS
Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment has been taken.

3.4 CASHLESS FACILITY
Cashless facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorisation approved.

3.5 DAY CARE CENTRE
Day Care centre means any institution established for day care treatment of illness and/or injuries or a medical set-up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under :

F. Has qualified nursing staff under its employment
G. Has qualified Medical Practitioner(s) in charge
H. Has a fully equipped operation theatre of its own where surgical procedures are carried out-
I. Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

3.6 DAY CARE TREATMENT - Day Care treatment means the medical treatment and/or surgical procedure which is – (i). Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological and (ii) which would have otherwise required a hospitalisation of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

3.7 GRACE PERIOD

Grace Period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

3.8 ID CARD
ID card means the identity card issued to the insured person by the TPA to avail cashless facility in network hospitals.

3.9 MEDICALLY NECESARY

Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

1. Is required for the medical management of the illness or injury suffered by the insured;
2. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
3. Must have been prescribed by a Medical Practitioner;
   Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

3.10 MEDICAL PRACTITIONER

A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

The term Medical Practitioner would include Physician, Specialist and Surgeon. (The Registered Practitioner should not be the insured or close family members such as parents, in-laws, spouse and children).

3.11 NETWORK PROVIDER

Network Provider means the hospital/nursing home or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility. The list of Network Hospitals is maintained by and available with the TPA and the same is subject to amendment from time to time.

Preferred Provider Network means a network of hospitals which have agreed to a cashless packaged pricing for certain procedures for the insured person. The list is available with the company/TPA and subject to amendment from time to time. Reimbursement of expenses incurred in PPN for the procedures (as listed under PPN package) shall be subject to the rates applicable to PPN package pricing.

3.12 PORTABILITY

Portability means transfer by an Individual Health Insurance Policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

3.13 PRE-EXISTING DISEASE

Any condition, ailment or injury or relation condition(s) for which you had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment within 48 months to prior to the first policy issued by the insurer.

3.14 PRE – HOSPITALISATION MEDICAL EXPENSES

Relevant medical expenses incurred immediately 30 days before the Insured person is hospitalised provided that ;

a) Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required; and
b) The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company

3.15 POST HOSPITALISATION MEDICAL EXPENSES

Relevant medical expenses incurred immediately 60 days after the Insured person is discharged from the hospital provided that ;

a. Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required; and
b. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.

3.16 QUALIFIED NURSE

QUALIFIED NURSE means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any State in India.

3.17 REASONABLE AND CUSTOMARY CHARGES

Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/injury involved.

3.18 THIRD PARTY ADMINISTRATOR

TPA means a Third Party Administrator who holds a valid License from Insurance Regulatory and Development Authority to act as a THIRD PARTY ADMINISTRATOR and is engaged by the Company for the provision of health services as specified in the agreement between the Company and TPA.

EXCLUSIONS:-

- Any pre-existing condition(s) as defined in the policy, until 48 months of continuous coverage of such insured person have elapsed, since inception of his/her first policy as mentioned in the schedule of the policy.
  N.B.: A Pre-existing disease is defined as "any condition, ailment or injury or related condition(s) for which insured person had signs or symptoms, and /or was diagnosed and/or received medical advice/treatment within 48 months prior to his/her first policy as mentioned in the schedule of the policy".
- Any disease contracted by the Insured person during the first 30 days from the commencement date of the policy. This does not apply if the person has been insured for the twelve months immediately preceding the commencement of this Policy.
- Unless the Insured has 24 months of continuous coverage, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hyperthrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital internal disease, Fistula in anus, piles, Sinusitis and related disorders, Gall Bladder Stone removal, Gout & Rheumatism, Joint Replacement due to Degenerative Condition and age-related Osteoarthiritis & Osteoporosis are not payable.
- Injury / disease directly or indirectly caused by or arising from or attributable to invasion, Act of Foreign enemy, War like operations (whether war be declared or not)
  a. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
  b. vaccination or inoculation of any kind unless it is post animal bite, change of life or cosmetic or aesthetic treatment of any description such as correction of eyesight, etc.
  c. plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- Cost of spectacles, contact lenses and hearing aids.
- Dental treatment or surgery of any kind unless necessitated by accident and requiring hospitalisation.
- Convalescence, general debility; run-down condition or rest cure, Congenital external disease/defects or anomalies, Sterility, Venereal disease, intentional self injury and use of intoxication drugs / alcohol
- All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- Charges incurred at Hospital or Nursing Home primarily for diagnosis.
- Expenses on vitamins and tonics unless forming part of treatment.
- Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials
- Treatment arising from or traceable to pregnancy (including voluntary termination of pregnancy) and childbirth (including caesarean section).
- Naturopathy Treatment, acupressure, acupuncture, magnetic and such other therapies.
- External and or durable Medical / Non-medical equipment of any kind used for diagnosis and/or treatment and/or monitoring and/or maintenance and/or support including CPAP,

CAPD, Infusion Pump, Oxygen Concentrator etc., Ambulatory devices ie. walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, etc. of any kind, Diabetic footwear, Glucometer/ Thermometer, and similar related items and also any medical equipment, which are subsequently used at home.

- Any kind of Service charges, Surcharges, Admission Fees/Registration Charges, levied by the hospital.
- All non-medical expenses of any kind whatsoever, for detailed list, please visit our website www.uiic.co.in.

PROCEDURE FOR TAKING A POLICY

The duly completed and signed Proposal form giving details of all Insured persons and a signed copy of the Prospectus along with Health Check-up reports, if any, should be submitted to the Company.

The pre-acceptance health check-up reports as detailed below have to be submitted at proposer's cost in the following cases–

i. Persons above 45 years of age (fresh entrants)
ii. Persons above 45 years of age (Break in insurance)
iii. Persons above 45 years of age and seeking enhancement of Sum Insured of Family Medicare Policy by more than two slabs.
iv. Our Existing policyholders above 45 years opting for Sum Insured under Family Medicare Policy which is more than twice the maximum existing individual Sum Insured.

1	Medical Examination	6. Sr.Creatinine
2	CBC & ESR	7. ECG
3	Urine Routine & Microscopic	8. Stress Test
4	Cholesterol	
5	SGPT	

NOTE : 50% of the cost of Health check-up shall be reimbursed to the Insured in cases where the proposal is accepted by the Company.

The insured should declare the existence of Diabetes, Hypertension, Elevated Cholesterol level, if any, at the time of taking the first policy. The policy will not pay for the expenses incurred for the direct treatment of these illnesses as per Pre-existing Disease exclusion. An additional premium of 30% will be charged on the basic premium.

PAYMENT OF PREMIUM : As per table attached.
Age of the oldest person of the family is considered while referring to the Premium table.

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

RENEWAL

1. The Company shall renew this policy if the insured shall remit the requisite premium to the Company prior to expiry of the period of insurance stated in the schedule.
2. The Company shall be entitled to decline renewal if;
   a. Any fraud, misrepresentation or suppression by the insured or on his behalf is found either in obtaining insurance or subsequently in relation thereto or,
   b. The Company has discontinued issue of the policy, in which event the insured shall however have the option for renewal under any similar policy being issued by the company, provided however benefits payable shall be subject to the terms contained in such other policy.
3. If the insured fails to remit premium for renewal before expiry of the period of insurance, but within 30 days thereafter, admissibility of any claim during the period of subsequent policy shall be considered in the same manner as under a Policy renewed without break. The Company however shall not be liable for any claim arising out of ailment suffered or

hospitalisation commencing in the interim period after expiry of the earlier policy and prior to date of commencement of subsequent policy.

4. The insured may seek enhancement of Sum Insured in writing at or before payment of premium for renewal, which may be granted at the discretion of the Company. However, notwithstanding enhancement, for claims arising in respect of ailment, disease or injury contracted or suffered during a preceding policy period, liability of the company shall be only to the extent of the Sum Insured under the policy in force at the time when it was contracted or suffered.

   Any such request for enhancement must be accompanied by a declaration that the insured or any other insured person in respect of whom such enhancement is sought is not aware of any symptoms or other indications that may give rise to a claim under the policy. The Company may require such insured person/s to undergo a Medical examination to enable the company to take a decision on accepting the request for enhancement in the Sum Insured. 50% of the cost of the Medical examination will be reimbursed to the insured person on acceptance of the request for enhancement of sum insured.

PORTABILITY

In the event of insured porting to another insurer, the insured person must apply with details of policy and claims at least 45 days before the date of expiry of policy.

Portability shall be allowed in the following cases :

a. All Individual Health Insurance Policies issued by non-life insurance companies including family floater policies.
b. Individual members, including the family members covered under any Group Health insurance policy of a non-life insurance company shall have the right to migrate from such a group policy to an individual health insurance policy or a family floater policy with the same insurer. One year thereafter, the insured person shall be accorded the right to port to another non-life insurance company.

NO CLAIM DISCOUNT/CLAIMS LOADING

At renewal, the Company will review the claims experience and apply a No Claim Discount/Loading based on the claims incurred as given below.

No Claim Discount – 3*%* on renewal premium after three continuous claim free *Family Medicare Policies and* for every subsequent claim free year subject to a maximum of 15%.

If any claim is reported or if the policy is not renewed within the grace period, the Policy will not be eligible for any No Claim discount.

TAX REBATE

Tax rebate available as per provision of Income Tax rules under Section 80-D.

FREE LOOK PERIOD

The policy have a free look period which shall be applicable at the inception of the policy and;

i. The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if nor acceptable.
ii. If the insured has not made any claim during the free look period, the insured shall be entitled to –
    a. A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or
    b. Where the risk has already commenced and the opinion of return of the policy is excercised by the policybolder, a deduction towards the proportionate risk premium for period on cover or;
    c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period

HEALTH CHECK-UP BENEFIT

For every block of three claim free years, the insured person(s) will be eligible for Cost of Health check-up up to a maximum of 1% of average SI of preceding three years.

OPTIONAL COVERS

The following optional covers are available on payment of additional premium as given below

1 Ambulance Charges

The Policy will cover Ambulance charges in connection with admitted claim incurred to shift the insured person from Residence/accident site to Hospitals in emergency cases and from one Hospital/Nursing Home to another Hospital/Nursing Home/Diagnostic centre for better care/diagnosis, upto a maximum of Rs.2500/- per policy period – Additional Premium Rs.100/-.

2 Hospital Daily Cash Benefit

The Policy will pay to the insured person a Daily Cash Allowance as given below from the third day onwards for the period of hospitalisation in connection with admitted claims subject to a maximum stated below on payment of additional premium as under –

Additional Premium	Allowance per day	Subject to maximum of
Rs.150/-	Rs.250/-	Rs.2,500/- per policy period
Rs.300/-	Rs.500/-	Rs.5,000/- per policy period

CLAIM PROCEDURE

All claims will be processed and settled by specified Third Party Administrator (TPA) licensed by IRDA.

The payment will be made either to Hospital/Nursing Home in case of Cashless treatment and to the Proposer/insured person in other cases.

Intimation of Hospitalisation– to be made immediately to the TPA.
To avail Cashless facility - Pre-authorisation request to be sent or faxed to TPA immediately on admission.
In Reimbursement cases – Insured to intimate TPA about hospitalisation of insured persons immediately on admission or not later than 24 hours.
Claim bills to be submitted to TPA within fifteen days of discharge.

All claims under this policy shall be payable in Indian currency.

CANCELLATION

The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending fifteen days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy.

The insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rate table given below provided no claim has occurred upto the date of cancellation.

PERIOD ON RISK	RATE OF PREMIUM TO BE CHARGED.
Upto one month	1/4 th of the annual rate
Upto three months	1/2 of the annual rate

Upto six months	3/4th of the annual rate
Exceeding six months	Full annual rate.

GRIEVANCE REDRESSAL : In the event of the policyholder having any grievance relating to the insurance, the insured person may submit in writing to the Policy Issuing Office or Grievance cells at Regional Office of the Company for redressal. If the grievance remains unaddressed, the insured person may contact the Officer, Uni-Customer Care Department, Head Office.

OMBUDSMAN

The Insured person can also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The updated list of office of Insurance Ombudsman are available on IRDA website www.irda.gov.in and on the website of General Insurance Council www.gicouncil.in

The Company may revise any of the terms, conditions and exceptions of this insurance including the premium payable on renewal in accordance with the guidelines/rules framed by the Insurance Regulatory and Development Authority (IRDA) and after obtaining prior approval from the Authority. We shall notify you of such changes at least three months before the revision are to take effect.

The Company may also withdraw the insurance as offered hereunder after following the due process as laid down by the IRDA and after obtaining prior approval of the Authority and we shall offer to cover you under such revised/new terms, conditions, exceptions and premium for which we shall have obtained prior approval from the Authority.

This Prospectus shall form part of the proposal form. Please sign in token of having noted the contents of Prospectus.

For full details, please log on to www.uiic.co.in or visit our office.

Signature

Name
Place
Date

FAMILY MEDICARE POLICY – PREMIUM CHART

0-35 Yrs	**100000**	**150000**	**200000**	**250000**	**300000**	**350000**	**400000**	**450000**	**500000**	**600000**	**700000**	**800000**	**900000**	**1000000**
2A	1638	2400	3086	3695	4305	4838	5371	5904	6439	7634	8466	9131	9741	10303
2A+1C	1834	2688	3457	4138	4822	5418	6016	6612	7211	8550	9482	10227	10910	11539
2A+2C	2031	2976	3827	4582	5338	5999	6660	7321	7984	9466	10498	11323	12079	12775
1A+1C	1507	2208	2839	3399	3961	4451	4942	5431	5924	7023	7789	8401	8962	9478
1A+2C	1703	2496	3210	3843	4477	5031	5586	6140	6696	7939	8805	9497	10131	10715
Per addl. child	197	288	370	443	517	581	645	708	773	916	1016	1096	1169	1236
36-45 Yrs	**100000**	**150000**	**200000**	**250000**	**300000**	**350000**	**400000**	**450000**	**500000**	**600000**	**700000**	**800000**	**900000**	**1000000**
2A	1960	2870	3689	4418	5146	5785	6421	7061	7698	9126	10124	10916	11651	12316
2A+1C	2195	3214	4131	4948	5764	6479	7192	7909	8621	10221	11339	12226	13049	13794
2A+2C	2430	3559	4574	5478	6381	7173	7962	8756	9545	11317	12553	13536	14448	15272
1A+1C	1803	2640	3394	4064	4735	5322	5908	6496	7082	8396	9314	10043	10719	11331
1A+2C	2038	2985	3836	4594	5352	6016	6678	7344	8005	9491	10529	11353	12117	12809
Per addl. child	235	344	443	530	618	694	771	847	924	1095	1215	1310	1398	1478
46-50 Yrs	**100000**	**150000**	**200000**	**250000**	**300000**	**350000**	**400000**	**450000**	**500000**	**600000**	**700000**	**800000**	**900000**	**1000000**
2A	3049	4492	5831	7067	8302	9435	10568	11701	12835	15218	16513	17965	19308	20536
2A+1C	3400	5010	6503	7882	9260	10524	11787	13051	14316	16974	18418	20038	21535	22906
2A+2C	3752	5528	7176	8698	10218	11613	13006	14402	15797	18730	20323	22110	23763	25275
1A+1C	2697	3973	5158	6251	7344	8347	9348	10351	11354	13462	14607	15892	17080	18167
1A+2C	3049	4492	5831	7067	8302	9435	10568	11701	12835	15218	16513	17965	19308	20536
Per addl. child	352	518	673	815	958	1089	1219	1350	1481	1756	1905	2073	2228	2370
51-55 Yrs	**100000**	**150000**	**200000**	**250000**	**300000**	**350000**	**400000**	**450000**	**500000**	**600000**	**700000**	**800000**	**900000**	**1000000**
2A	3854	5681	7385	8968	10552	12012	13474	14935	16395	19440	21021	22905	24643	26233
2A+1C	4267	6290	8176	9929	11682	13299	14917	16535	18152	21523	23273	25360	27283	29044
2A+2C	4680	6899	8968	10890	12813	14586	16361	18136	19909	23606	25526	27814	29923	31855
1A+1C	3166	4667	6066	7367	8668	9867	11068	12268	13468	15969	17267	18815	20242	21549
1A+2C	3579	5275	6858	8328	9798	11154	12511	13868	15224	18052	19520	21269	22883	24359
Per addl. child	413	609	791	961	1131	1287	1444	1600	1757	2083	2252	2454	2640	2811
56-60 Yrs	**100000**	**150000**	**200000**	**250000**	**300000**	**350000**	**400000**	**450000**	**500000**	**600000**	**700000**	**800000**	**900000**	**1000000**
2A	4877	7193	9362	11388	13415	15294	17177	19058	20937	24825	26765	29201	31445	33500
2A+1C	5364	7912	10298	12527	14756	16823	18894	20963	23031	27308	29441	32121	34589	36849
2A+2C	5852	8631	11234	13666	16097	18353	20612	22869	25124	29790	32117	35041	37733	40199
1A+1C	3739	5514	7177	8731	10284	11725	13169	14611	16052	19033	20519	22387	24107	25683
1A+2C	4226	6234	8113	9870	11626	13255	14886	16517	18145	21515	23196	25307	27252	29033
Per addl. child	488	719	936	1139	1341	1529	1718	1906	2094	2483	2676	2920	3144	3350
61-65 Yrs	**100000**	**150000**	**200000**	**250000**	**300000**	**350000**	**400000**	**450000**	**500000**	**600000**	**700000**	**800000**	**900000**	**1000000**
2A	5701	8410	10946	13315	15683	17882	20082	22282	24478	29024	31293	34139	36765	39165

2A+1C	6235	9198	11972	14564	17154	19558	21964	24371	26773	31745	34227	37340	40212	42837
2A+2C	6770	9986	12998	15812	18624	21234	23847	26459	29068	34466	37160	40540	43658	46508
1A+1C	4097	6044	7867	9570	11272	12852	14434	16015	17594	20861	22492	24538	26425	28150
1A+2C	4632	6833	8893	10819	12743	14529	16316	18104	19889	23582	25425	27738	29871	31821
Per addl. child	534	788	1026	1248	1470	1676	1883	2089	2295	2721	2934	3201	3447	3672
66-70 Yrs	**100000**	**150000**	**200000**	**250000**	**300000**	**350000**	**400000**	**450000**	**500000**	**600000**	**700000**	**800000**	**900000**	**1000000**
2A	6995	10334	13491	16458	19426	22210	24992	27776	30558	36232	38867	42486	45830	48893
2A+1C	7651	11303	14756	18001	21247	24292	27335	30380	33423	39629	42511	46470	50127	53477
2A+2C	8307	12272	16021	19543	23068	26374	29678	32984	36288	43026	46155	50453	54424	58060
1A+1C	5028	7428	9697	11829	13962	15963	17963	19964	21964	26042	27936	30537	32941	35142
1A+2C	5684	8397	10962	13372	15783	18045	20306	22568	24829	29439	31580	34520	37237	39725
Per addl. child	656	969	1265	1543	1821	2082	2343	2604	2865	3397	3644	3983	4297	4584
71-75 Yrs	**100000**	**150000**	**200000**	**250000**	**300000**	**350000**	**400000**	**450000**	**500000**	**600000**	**700000**	**800000**	**900000**	**1000000**
2A	7795	11654	15318	18790	22224	25320	28491	31666	34835	41304	44310	48435	52248	55736
2A+1C	8526	12747	16755	20552	24308	27694	31162	34634	38101	45176	48465	52976	57146	60961
2A+2C	9257	13840	18191	22314	26391	30068	33833	37603	41367	49049	52619	57517	62045	66187
1A+1C	5603	8377	11010	13506	15974	18199	20478	22760	25038	29687	31848	34813	37553	40060
1A+2C	6334	9469	12446	15267	18057	20573	23149	25728	28304	33560	36002	39354	42452	45286
Per addl. child	731	1093	1436	1762	2084	2374	2671	2969	3266	3872	4154	4541	4898	5225
76-80 Yrs	**100000**	**150000**	**200000**	**250000**	**300000**	**350000**	**400000**	**450000**	**500000**	**600000**	**700000**	**800000**	**900000**	**1000000**
2A	9621	14384	18907	23194	27432	31142	35043	38947	42848	50805	54499	59573	64262	68557
2A+1C	10523	15733	20680	25368	30004	34062	38329	42599	46865	55568	59609	65158	70287	74984
2A+2C	11425	17081	22452	27542	32576	36982	41614	46250	50882	60331	64718	70743	76312	81411
1A+1C	6915	10339	13590	16670	19717	22384	25187	27993	30797	36516	39171	42818	46189	49275
1A+2C	7817	11687	15362	18845	22289	25303	28473	31645	34814	41279	44281	48403	52213	55702
Per addl. child	902	1349	1773	2174	2572	2920	3285	3651	4017	4763	5109	5585	6025	6427

A = Adult
C = Child

Age of the oldest person of the family to be taken

Applicable Service Tax extra