

Health Insurance Underwriting FAQs

1. What exactly happens during underwriting?

Underwriting is our way of assessing your individual risk—things like age, health history, and lifestyle—to set the right premium and coverage terms for you.

2. Does my age really make a difference?

Yes—older ages usually mean higher premiums. We follow defined age bands in our underwriting guidelines to keep things fair.

3. I've heard about standard exclusions—what are those?

Those are conditions we don't cover, like pre-existing diseases, certain first-year procedures (e.g. cataract), dental treatments, and self-inflicted injuries, as defined by IRDAI.

4. So, how long do I wait before claiming for new health issues?

There's a 30-day waiting period for all illnesses (except accidents), up to 36 months for pre-existing conditions, and usually 24 months for specified treatments like hernia or hysterectomy. If underwriting decision approved will waiting period all the conditions covered from day one except non-disclosures

5. If I have diabetes already, can I ever get cover for it?

Absolutely—once you complete the pre-existing condition waiting period (up to 4 years) without a break in cover, diabetes treatment is fully claimable.

6. Will I need to do medical tests when I apply?

It depends on your age and the sum insured. We may require blood tests, ECGs, or other checks as per our underwriting policy.

7. Can I skip those tests?

If you're younger or opting for a lower sum insured—or if you've had recent tests—and selected PPMC post policy issuance we may waive them, following IRDAI's circulars.

8. Does my family's medical history matter?

Yes, hereditary illnesses like heart disease or cancer in close relatives can affect your premium or lead to specific exclusions.

9. What's moratorium underwriting?

Under moratorium, any pre-existing condition you disclosed after buying the policy becomes claimable after 60 months of continuous, claim-free renewals.

10. If I change my mind, can I still use the free-look period?

Of course. You have 30 days from receipt to cancel, no matter the underwriting outcome.

11. Can I increase my sum insured midyear?

Sum insured revisions happen only at renewal—and then they go through underwriting again.

12. Does my lifestyle—like smoking—impact my cover?

Definitely. Smoking, heavy alcohol use, or high-risk hobbies (e.g., skydiving) can raise your premium or lead to exclusions.

13. How honest do I have to be about my medical history?

Be fully transparent. Non-disclosure of any condition can void your policy or lead to denied claims.

14. What if I forget to mention something?

That counts as material misrepresentation. We can cancel your policy or refuse claims if we find out later.

15. How long does the whole process take?

Typically 2–3 working days for standard cases; up to 7 days if more information or tests are needed.

16. Can I check where I stand in underwriting?

Call our support line for an update.

17. What if I disagree with your decision?

You can submit extra medical info for review or escalate to our Grievance Officer.

18. How does maternity cover work?

Maternity cover available only in specific group products currently. Call our support line/refere the CIS document to understand the product benefit.

19. Are mental health claims underwritten differently?

Inpatient mental health treatments follow the same waiting periods as physical illnesses.

20. Do I need to do underwriting again each renewal?

No—unless you increase your sum insured, your renewal carries forward without fresh underwriting.

21. How do family floaters get evaluated?

We underwrite each member individually; the highest-risk member determines the premium for the floater.

22. Is mental illness subject to a special waiting period?

No—mental illnesses share the standard first-year and pre-existing waiting periods.

23. Is there a quick-issue plan without medicals?

Yes—our simplified issue plans up to certain sums require only a health declaration, no tests.

24. What documents do I need for underwriting?

A filled proposal form, ID/age proof, health declarations, and any medical reports we request.

25. Are congenital conditions ever covered?

Internal congenital diseases have a waiting period (2–3 years); external congenital defects are excluded.

26. How do I know the exact premium I'll pay?

After underwriting, we'll share a premium quote based on your risk profile and chosen plan.

27. Where can I see the full underwriting guidelines?

Download our complete underwriting policy here:

www.narayanahealth.insurance/underwriting-policy.pdf