

ANNEXURE - 01
WELCOME TO THE QUESTIONNAIRE

Sir/Madam,

I am a faculty member of the Faculty of Commerce, M.S. University of Baroda, pursuing a research study on “**The Marketing of the Health Insurance Services in the Selected Cities of the Gujarat**”. We will feel most grateful to you if you kindly spare your valuable time by filling up this questionnaire and provide us with your valuable views, opinions, and also share your experiences concerning the Health Insurance Services. We assure you that it is purely an academic exercise and the information supplied by you would not be analyzed on the one to one basis and it would be kept strictly confidential.

Thanking You, We Remain.
(Ms. Drishti B. Joshi)

About You

Please put a Tick (✓) on following as the case may be:

Your Age-Group: 18 Years to 24 Years ☐ 25 Years - 34 Years ☐ 35 Years – 44 Years ☐
45 Years – 54 Years ☐ 55 Years - 64 Years ☐ Above 65 Years ☐

Gender: Male ☐ Female ☐

Educational Qualifications: Less than Graduate ☐ Graduate ☐ Post Graduate ☐ Professional Degree ☐

Marital Status: Unmarried ☐ Married ☐ Divorcee ☐ Widowed ☐

Occupation: House Wife ☐ Businessman/Woman ☐ Self-Employed ☐ Service ☐ Professional ☐

Type of Your Family: Joint ☐ Nuclear ☐

Annual Family Income (In Rupees): Upto 1 Lakh ☐ Upto 3 Lakhs ☐ 3 to 4 Lakhs ☐ 4 to 5 Lakhs ☐
5 to 6 Lakhs ☐ 6 to 7 Lakhs ☐ 7 to 8 Lakhs ☐ 8 to 9 Lakhs ☐ 9 to 10 Lakhs ☐ More than 10 Lakhs ☐

Number of the Dependent Family Members on you: Single ☐ 1-2 ☐ 3- 5 ☐ More than 5 ☐

Number of the Earning Family Members in Your Family:

Single ☐ Dual ☐ more than 2 ☐ More than 5 ☐

Your Daily Activities: Read Magazines ☐ Read Newspapers ☐ Watch TV ☐ Listen Radio ☐ Go for walk ☐
Physical exercises ☐ Meet Friends ☐ Meet Relatives ☐ Meet Colleagues ☐

You own and/ or use following: Home ☐ Car ☐ Color TV ☐ Fridge ☐ Mobile Phone ☐ Camera ☐
Landline Phone ☐ Washing Machine ☐ Microwave ☐ OTG ☐ Air Conditioner ☐ Personal Computer ☐
Laptop ☐ Music System/DVD/MP3 ☐ I- Pod ☐ Cable TV/DTH ☐

Medial Habits:

Name any 3 Newspapers that you read:

1. _____ 2. _____ 3. _____

Name 3 Magazines that you read most:

1. _____ 2. _____ 3. _____

Your favorite TV Channels that you watch most:

1. _____ 2. _____ 3. _____

Your Favorite Radio Channels:

1. _____ 2. _____ 3. _____

Your E-mail Id: _____.

Your Favorite 3 Websites? 1. _____ 2. _____ 3. _____

Do You use Mobile Phone? (a) Yes ☐ (b) No ☐ If yes: Name of the Brand: _____.

Vehicle that You can drive: (a) Two-wheeler ☐ (b) Four-wheeler ☐ (c) Both ☐ (d) Can Not Drive ☐

Date: _____

City: _____

[Q.1] Please Put a Tick (✓) on the following alternatives considering actual investment made by you.
Investment in Gold Ornaments ☐ Silver Ornaments ☐ Gold or Silver Plans of Insurance Companies ☐
Real Estate ☐ Shares and other Stocks ☐ Mutual Funds ☐ Public Provident Funds ☐ Post Savings
Deposits ☐ Fixed Deposits with the Banks ☐ Life Insurance Policies ☐ Unit Link Policies ☐
Mediclaim Policies ☐

[Q.2] Please Encircle on ANY ONE number that shows Your Opinion for the following Statements/Items on the scale of 5 as: (1= Strongly Disagree; 2 = Disagree; 3= Cannot Say; 4= Agree; 5= Strongly Agree)

Sr. No.	Selected Criteria	Your Score				
01	Health Status is the God Gift	1	2	3	4	5
02	I am aware of my medical history	1	2	3	4	5
03	I am healthy	1	2	3	4	5
04	I am conscious about my health status	1	2	3	4	5
05	I can judge my health status	1	2	3	4	5
06	Health can be maintained at any age	1	2	3	4	5
07	Provision can be made in the form of the health care status	1	2	3	4	5
08	General Insurance policies provide the tax benefits	1	2	3	4	5
09	General Insurance policies safeguards against the future risk	1	2	3	4	5
10	General Insurance policies gives financial security	1	2	3	4	5
11	General Insurance offers return on investments	1	2	3	4	5
12	It is available for the old age Individuals	1	2	3	4	5
13	General Insurance policies provides mental peace	1	2	3	4	5
14	Mediclaim Policy is inevitable	1	2	3	4	5
15	Mediclaim Policy is beneficial to me	1	2	3	4	5
16	It is safe to have Mediclaim Policy	1	2	3	4	5
17	I like to have Mediclaim Policy	1	2	3	4	5
18	It is a pleasure to have Mediclaim Policy	1	2	3	4	5
19	I am ready to bear the cost to have Mediclaim Policy	1	2	3	4	5
20	I positively involve myself to have Mediclaim Policy	1	2	3	4	5

[Q.3] Have you purchased the Mediclaim Policy? Yes ☐ No ☐

[Q.4] Please give the Name of the Insurance Company of which you have purchased the Mediclaim Policy. _____

[Q.5] When have you purchased Mediclaim Policy? (Mention Year)_____.

[Q.6] Do you regularly renew your Mediclaim Policy? Yes ☐ No ☐

[Q.7] Put a Tick (✓) on the following:

Sr. No.	Selected Criteria	I have Obtained Information from the following Sources of Information	I have Considered the following Sources while Choosing a Mediclaim Policy
01	Information provided by Spouse		
02	Information provided by Parents		
03	Information provided by Family Members		
04	Information provided by Neighbour		
05	Information provided by Colleague		
06	Information provided by Doctors		
07	Information provided by Hospital Staff		
08	Information provided by Pharmacist		

09	Other Healthcare Professionals		
10	Insurance Agent		
11	Company's Website		
12	Advertisements on Television		
13	Advertisements on Radios		
14	SMS on Mobile Phones		
15	Advertisements in the Newspapers		
16	Advertisements in the Magazines		
17	Hoardings		
18	Leaflets/ Circulars		
19	Any other: Please Specify:_____		

[Q.8] How was the present Mediciam Policy purchased by you.

Sr. No.	Selected Criteria	I Know about following Sources for the Purchase of Mediciam Policy	I have Considered the following Sources while Choosing a Mediciam Policy
01	Through the Insurance Agents		
02	Directly from the Offices of General Insurance Companies'		
03	Through Banks		
04	Online Purchase		

[Q.9] Insurance Companies considered for the purchase of present Mediciam Policy.

Sr. No.	Name of the Insurance Company	I Know About it	I have actually Considered it while Opting for Mediciam Policy
01	Bajaj Allianz General Insurance Co Ltd.		
02	Bharti AXA General Insurance Co Ltd.		
03	Future Generali General Insurance Co Ltd.		
04	IFFCO Tokio General Insurance Co Ltd.		
05	Universal Sompo General Insurance Co Ltd.		
06	Cholamandalam MS Health Insurance Co Ltd..		
07	HDFC ERGO General Insurance Co Ltd.		
08	ICICI Lombard General Insurance Co. Ltd.		
09	Royal Sundaram General Insurance Co. Ltd.		
10	National Insurance Co. Ltd.		
11	New India Assurance Co. Ltd.		
12	Oriental Insurance Co. Ltd		
13	United India Insurance Co. Ltd.		
14	Star Health and Allied Insurance Co. Ltd		
15	Apollo Munich Health Insurance Co. Ltd		
16	Max Bupa Health Insurance Co. Ltd.		
17	Any other: Please Specify:_____		

[Q.10.] Put a Tick (✓) in the box given below against the various terms relating to 'Mediciam Policy', only if you understand it.

Health Insurance Policy ☐ Mediciam Policy ☐ Individual Mediciam Policy ☐ Floater Mediciam Policy ☐ Premium ☐ Sum Assured ☐ Sum Insured ☐ Pre-Hospitalization ☐ Nursing Expenses ☐ Room Boarding Expenses by Hospital ☐ Domiciliary Hospitalization ☐ Post-Hospitalization ☐ Comprehensive Network base of the Hospitals ☐ Pre-Existing Illness ☐ Waiting Period ☐ Waiver ☐

Deductibles ☐ Exclusions ☐ Third Party Administrators ☐ Co-Payment ☐ Critical Illness ☐
 Cashless System ☐ Cash Reimbursement System ☐ Renewal Age Limit ☐ Renewable Discounts ☐
 Claim Free Years ☐ Filling of the Claims ☐ Succession Certificate ☐ Claim Settlement ☐
 Exclusions ☐ Health Insurance Portability ☐ Sub-Limits on the Various Medical related Expenses ☐
 Non-life Insurance Company ☐ Insurance Regulatory Development Authority ☐ Central Government
 Health Insurance Scheme ☐ Employees' State Health Insurance Scheme ☐ Private Health Insurance
 Scheme ☐ Community based Health Insurance Scheme ☐ Universal Health Insurance Scheme ☐
 Standalone Health Insurance Company ☐

[Q.11.] Please Encircle on ANY ONE of the following Number given against each of the Statement/Items relating to Your Actual Expectations and Experiences considering the present Mediclaim Policy given on 5 Scales defined as: **Expectation: 1= Least Important; 2=Un Important; 3=Cannot Say; 4=Important; 5=Most Important; and Actual Experience: 1 = Highly Dissatisfied, 2=Dissatisfied, 3= Cannot Say; 4=Satisfied; 5= Highly Satisfied**

Sr. No.	Selected Items	Your Expectation					Your Experience				
		1	2	3	4	5	1	2	3	4	5
01	Age eligibility for Purchase of the Policy	1	2	3	4	5	1	2	3	4	5
02	Broad range of the Age eligibility for the Renewal of the Policy	1	2	3	4	5	1	2	3	4	5
03	Range of the premium offered by the companies	1	2	3	4	5	1	2	3	4	5
04	The range of the premium for the various age groups for purchase of policy	1	2	3	4	5	1	2	3	4	5
05	Coverage of the various Illness/Diseases	1	2	3	4	5	1	2	3	4	5
06	Coverage for the Allopathic Treatments	1	2	3	4	5	1	2	3	4	5
07	Coverage for the Ayurvedic Treatments	1	2	3	4	5	1	2	3	4	5
08	Coverage for the Naturopathy Treatments	1	2	3	4	5	1	2	3	4	5
09	Coverage for HIV Infection	1	2	3	4	5	1	2	3	4	5
10	Coverage for Cancer	1	2	3	4	5	1	2	3	4	5
11	The time period for the inclusion of the Pre-existing Illness	1	2	3	4	5	1	2	3	4	5
12	Coverage for the Room Boarding Expenses	1	2	3	4	5	1	2	3	4	5
13	Coverage of the Nursing Expenses	1	2	3	4	5	1	2	3	4	5
14	Coverage of Pre-hospitalization Expenses	1	2	3	4	5	1	2	3	4	5
15	Coverage of Post-hospitalization Expenses	1	2	3	4	5	1	2	3	4	5
16	Coverage in the period of loss of income during the hospitalization	1	2	3	4	5	1	2	3	4	5
17	Domiciliary Hospitalization Cover	1	2	3	4	5	1	2	3	4	5
18	Provision of giving Surgeon, anasthetist, medical practitioner, consultants, specialist's fees	1	2	3	4	5	1	2	3	4	5
19	Coverage of payment of Professional fees related to Anesthesia/ blood/ oxygen/ operation/ surgical/appliances/ medicines	1	2	3	4	5	1	2	3	4	5
20	Coverage of Diagnostic material and X-Rays, dialysis, chemotherapy , radiotherapy, pacemaker, artificial limbs and cost of organs and similar expenses	1	2	3	4	5	1	2	3	4	5
21	Renewable Discount Offers	1	2	3	4	5	1	2	3	4	5

Sr. No.	Selected Items	Your Expectation					Your Experience				
		1	2	3	4	5	1	2	3	4	5
22	Bonus for the Claim Free Years	1	2	3	4	5	1	2	3	4	5
23	Provision for Copayment Discounts	1	2	3	4	5	1	2	3	4	5
24	Tax benefits	1	2	3	4	5	1	2	3	4	5
25	Coverage for the Health Risk	1	2	3	4	5	1	2	3	4	5
26	Coverage for Increasing Health Care Expenditure	1	2	3	4	5	1	2	3	4	5
27	Critical Illness Coverage	1	2	3	4	5	1	2	3	4	5
28	Free Medical Check Up	1	2	3	4	5	1	2	3	4	5
29	Free Ambulance Services	1	2	3	4	5	1	2	3	4	5
30	Coverage for the day care procedures	1	2	3	4	5	1	2	3	4	5
31	Free 24 hour help line Facility	1	2	3	4	5	1	2	3	4	5
32	Free General Physician Consultations	1	2	3	4	5	1	2	3	4	5
33	Free health magazines	1	2	3	4	5	1	2	3	4	5
34	Family Discount	1	2	3	4	5	1	2	3	4	5
35	Online Cashless Card	1	2	3	4	5	1	2	3	4	5
36	The market share of the company	1	2	3	4	5	1	2	3	4	5
37	Ownership type of the company public, private or the stand-alone	1	2	3	4	5	1	2	3	4	5
38	Disputes Redressal by the company	1	2	3	4	5	1	2	3	4	5
39	The Awards/Recognitions won by the company	1	2	3	4	5	1	2	3	4	5
40	Easy Purchase from the Agents	1	2	3	4	5	1	2	3	4	5
41	Reminder calls for the premium payment from Agent	1	2	3	4	5	1	2	3	4	5
42	Timely collections of the premium by Agent	1	2	3	4	5	1	2	3	4	5
43	Regular Updates given by the Agent/s	1	2	3	4	5	1	2	3	4	5
44	Assistance of Agent in Filling of the Claims	1	2	3	4	5	1	2	3	4	5
45	Assistance of Agent in Settlement of the Claims	1	2	3	4	5	1	2	3	4	5
46	Help of the Agents for switching over to the other Mediclaim Policy (Health Insurance Portability)	1	2	3	4	5	1	2	3	4	5
47	Easy Purchase from the Company's website	1	2	3	4	5	1	2	3	4	5
48	Easy Purchase from Company's Physical Office	1	2	3	4	5	1	2	3	4	5
49	Reminders for the payment of the premium by the Company	1	2	3	4	5	1	2	3	4	5
50	Online Payment of Premium	1	2	3	4	5	1	2	3	4	5
51	Regular Updates made by the Company	1	2	3	4	5	1	2	3	4	5
52	Online Filling of the Claim	1	2	3	4	5	1	2	3	4	5
53	Online Claim Settlements	1	2	3	4	5	1	2	3	4	5
54	Online Checking of Status for Claim Settlement	1	2	3	4	5	1	2	3	4	5
55	Network of the selected Hospital/s	1	2	3	4	5	1	2	3	4	5
56	Convenience of the Location of the Network Hospitals	1	2	3	4	5	1	2	3	4	5
57	Availability of the Medical related services at the Network Hospitals	1	2	3	4	5	1	2	3	4	5
58	Availability of the Cash Reimbursement Scheme at Network Hospitals	1	2	3	4	5	1	2	3	4	5
59	Availability of the Cashless Facility Network Hospitals	1	2	3	4	5	1	2	3	4	5
60	Availability of Choice of the Hospital	1	2	3	4	5	1	2	3	4	5

Sr. No.	Selected Items	Your Expectation					Your Experience				
		1	2	3	4	5	1	2	3	4	5
61	Easy purchase of the Individual Mediciclaim Policy	1	2	3	4	5	1	2	3	4	5
62	Easy Claim Filling Procedure	1	2	3	4	5	1	2	3	4	5
63	Easy Claim Settlement Procedure	1	2	3	4	5	1	2	3	4	5
64	Speedy Claim Settlement Procedure	1	2	3	4	5	1	2	3	4	5
65	Simple Complaint Handling System	1	2	3	4	5	1	2	3	4	5
66	Prompt Address to the Complaints	1	2	3	4	5	1	2	3	4	5
67	Providing Redressal for the Complaints	1	2	3	4	5	1	2	3	4	5

[Q.12] Please Encircle on ANY ONE of the following Number given against each of the Statement/Items relating to the Your Perceived Importance for the Selected Criteria and Overall Satisfaction on the Selected Criteria considering the present Mediciclaim Policy given on 5 Scales defined as: **Perceived Importance:1=Least Important; 2=Un-Important; 3=Cannot Say; 4=Important; 5=Most Important; Overall Satisfaction: 1=Highly Dissatisfied, 2=Dissatisfied, 3= Cannot Say; 4=Satisfied; 5= Highly Satisfied**

Sr. No.	Selected Items	Your Perceived Importance					Your Overall Satisfaction				
		1	2	3	4	5	1	2	3	4	5
01	Age Eligibility Conditions	1	2	3	4	5	1	2	3	4	5
02	Range of Premium	1	2	3	4	5	1	2	3	4	5
03	Coverage of the Illness/Diseases	1	2	3	4	5	1	2	3	4	5
04	Other Coverage related to the Treatment and Medical Expenses	1	2	3	4	5	1	2	3	4	5
05	Benefits of the Individual Mediciclaim Policy	1	2	3	4	5	1	2	3	4	5
06	Promotional Incentives	1	2	3	4	5	1	2	3	4	5
07	Image of the Company	1	2	3	4	5	1	2	3	4	5
08	Services provided by the Agent	1	2	3	4	5	1	2	3	4	5
09	Services provided by the Company	1	2	3	4	5	1	2	3	4	5
10	Network of the Hospital	1	2	3	4	5	1	2	3	4	5
11	Complexity involved in the operations	1	2	3	4	5	1	2	3	4	5
12	Influence of the Information Sources	1	2	3	4	5	1	2	3	4	5
13	Investment Alternatives	1	2	3	4	5	1	2	3	4	5

[Q.13] Overall Satisfaction Experienced by you by the purchase of the present Mediciclaim Policy:

Highly Dissatisfied ☐ Dissatisfied ☐ Cannot Say ☐ Satisfied ☐ Highly Satisfied ☐

[Q.14] Please Encircle on ANY ONE number that shows your opinion considering the present Mediciclaim Policy, given on the scale of 5 as: (1= Strongly Disagree; 2 = Disagree; 3= Can't Say; 4= Agree; 5= Strongly Agree)

Sr. No.	Selected Criteria	Your Score				
01	I would continue to renew mediclaim policy	1	2	3	4	5
02	I would continue to renew mediclaim policy from the same company	1	2	3	4	5
03	I may consider to renew mediclaim policy of some other Insurance Company in view of the benefit of Portability given to me	1	2	3	4	5
04	I shall recommend my current insurance company to other for the buying of Mediciclaim Policy	1	2	3	4	5
05	I am likely to switch over from the Present Company of which I have purchased the Mediciclaim Policy	1	2	3	4	5

Thank You..... We Welcome Your Suggestions at: joshi_drishti@yahoo.co.in