#### Mr. BHIKU BHUIA

S/O BANDHU BHUIA C.M.W.O - 828202 Mobile No: \*\*\*\*\*4197



Certificate of Insurance(COI) -Health Plus

#### How to reach us?



Website

www.nivabupa.com



Customer Helpline No. 1860-500-8888



**Customer Services** Insta Assist

Online Renewal

It takes a few minutes to renew your policy Log on to www.nivabupa.com/renew



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## Important Terms & Conditions (T&C)

- a. Niva Bupa requests you to refer to the detailed Terms and Conditions (T&C) available with the Group Master Policyholder. You may also refer the T&C on our website.
- b. Free Look Provision: You can review the T&C within the number of days specified overleaf and request cancellation of the Certificate of Insurance in case of objections to any T&C. We will refund the premium as specified in the T&C provided that no claim has been registered under the cover.
- c. Grievances Redressal In case of any query or complaint/grievance, you may approach our office at the below mentioned address. In case you are not satisfied with our resolution, You ,may register a complaint in the Integrated grievance Management System (IGMS) of IROAI or approach the Insurance Ombudsman. Details about the IGMS and Ombudsman are available on our website.

## **CLAIMS PROCESS**

## CASHLESS CLAIMS



Get admitted in a network hospital



Share Health Card or Policy number and ID Proof (PAN Card / Passport / Voter's ID Card)



If claim amount > 1 Lakh, also submit KYC do cuments (Age, ID and Address proof, recent passport size photo)



Network hospital will coordinate with Niva Bupa and convey the decision to you



Niva Bupa will settle claim amount with network hospital as per Policy T&C

#### REIMBURSEMENT CLAIMS



In case of hospitalization, notify us within 48 hours of admission



Pay directly to the hospital. Collect all relevant documents\* (invoices, medical reports, discharge certificate, etc.) in originals



Send these documents along with filled & signed claim form (available on website), ID proof, Address proof, Aadhaar Card and Age proof to the address given above



A decision will be taken on the documents they will be either approved, rejected or a query will be raised as per Policy T&C



If approved, the claim will be settled and reimbursed as per Policy

\*For Complete list of documents, Please refer the T&C available with Group Master Policy Holder.

# Certificate of Insurance(COI) - Health Plus

Group Master Policy Number	50538800202300	Group Master PolicyHolder Name	BANK OF INDIA
Group Master Policyholder Address & Pincode	STAR HOUSE 1, TPPD, C-5, G BLOCK, BKC BANDRA (EAST) Mumbai, Maharashtra LATUR MAHARASHTRA 400051	Group Master Policy Issue date	01/11/2023
Certificate Number	20120002361148	Proposer Name	Mr. BHIKU BHUIA
Cover Inception Date and Time	26/11/2024 12:00 AM	Proposer Address & Pincode	S/O BANDHU BHUIA C.M.W.O - 828202
Cover Expiry Date and Time	25/11/2029 11:59 PM	Contact Number	*****4197
Loan Account Number	473860810000112		

## Insured details

Salutation	Insured Name	Date of Birth/ Age	Gender	Relationship	Sum Insured	Policy Tenure
Mr.	BHIKU	24/02/1969	M	Self	50000.00	60 months

#### Nominee details

Nominee Name	Relationship	Nominee Address (if different)	Contact Details	Appointee Details(if nominee is minor)
PUNIA DEVI	Spouse		9241644197	

Benefit Structure						
Hospitalization cover	INR 50000/1L					
Hospitalization accommodation - Room rent/Day	1% of base sum insured					
Hospitalization accommodation - ICU/Day	2% of base sum insured					
Pre Hospitalization Medical Expense	Up to Base Sum Insured; 30 Days					
Post Hospitalization Medical Expenses	Up to Base Sum Insured; 60 Days					
Modern Treatments	Up to Base Sum Insured; T & C Applied					
Day Care Treatment	Up to Base Sum Insured					
Emergency Ground Ambulance - Within India	INR 1000 per hospitalization					
Accidental Cover Sum Insured	500000.00					
Accidental Death (AD)	100% of Accidental Cover Sum Insured					
Permanent Total Disability (PTD)	Upto 100% of Accidental Cover Sum Insured					
Accidental Permanent Partial Disability (PPD) (as per grid mentioned in policy wordings)	Up to 100% of Accidental Cover Sum Insured					
Education Allowance for children	20,000 For 5L and 10L PA 25,000 For 25L PA 50,000 For 50L PA					
Accidental Medical Reimbursement	1L (Without OPD) For 5L PA 2L (Without OPD) For 10L PA 5L (Without OPD) For 25L and 50L PA					
Critical Illness Sum Insured (Adult 18 - 50 Years, equal to loan amount or max 3 CR) (Adult 51 - 55 Years, equal to loan amount or max 1 CR)	300000.00					
Illness Covered	41 illness					

Waiting Periods:	

Initial waiting period (Critical Illness & Indemnity)	30 days
Waiting Period for Disease Specific Exclusion (Indemnity)	24 months
Waiting Period for Pre Existing Disease (PED) (Indemnity)	36 months
Waiting Period for Pre Existing Disease (PED) (Critical Illness)	24 months
Free look Provision	15 days
Survival Period (Critical Illness)	30 days

Intermediary Details				
Intermediary Name Intermediary Code		Intermediary Contact No		
BANK OF INDIA	BNK0190001	018001031906		

#### List of 41 Critical illness

- 1 Abdominal Aortic Aneurysm
- 2 Alzheimer's Disease
- 3 Aortic Dissection
- 4 Apallic Syndrome
- 5 Aplastic Anaemia
- 6 Bacterial Meningitis
- 7 Benign brain tumor
- 8 Blindness
- 9 Cancer of specified severity
- 10 Cardiomyopathy including Peripartum and postpartum Cardiomyopathy
- 11 Coma of specified severity
- 12 Deafness
- 13 End stage liver failure
- 14 End stage lung failure
- 15 Fulminant Viral Hepatitis
- 16 Kidney failure requiring regular dialysis
- 17 Loss of independent existence
- 18 Loss of limbs
- 19 Loss of speech
- 20 Major head trauma
- 21 Major organ /bone marrow transplant
- 22 Medullary Cystic Kidney Disease
- 23 Motor neuron disease with permanent symptoms
- 24 Multiple sclerosis with persisting symptoms
- 25 Muscular Dystrophy
- 26 Myocardial infarction
- 27 Nephrotic syndrome
- 28 Open chest CABG
- 29 Open heart replacement or repair of heart valves
- 30 Parkinson's Disease
- 31 Permanent paralysis of limbs
- 32 Pituitary apoplexy in pregnancy
- 33 Pneumonectomy
- 34 Primary (idiopathic) pulmonary hypertension
- 35 Progressive Scleroderma
- 36 Severe Rheumatoid Arthritis
- 37 Stroke resulting in permanent symptoms
- ${\bf 38} \quad \hbox{ Systematic Lupus Erythematous with Renal Involvement}$
- 39 Third degree burns
- 40 Uterine inversion
- 41 Uterine Rupture

#### **GST Details:**

<b>GSTI No.</b> : 09AAFCM7916H1Z6	SAC Code / Type of Service : 997133 / General Insurance Services
Niva Bupa State Code: 09	Customer State Code / Customer GSTI No. : 20 / NA

#### **Premium Details**

Net Premium(Rs.)	CGST(0.00%)	SGST/UTGST(0.00%)	IGST(18.00%)	Gross Premium(Rs.)	Gross Premium(Rs.) (in words)	Premium frequency
4812.71	0.00	0.00	866.29	5679	Five Thousand Six Hundred Seventy Nine Only	Single

- Income tax benefit u/s 80D is available as per the existing Income Tax Laws.Please consult your tax advisor for more details.
- This Policy is subject to the terms, conditions and exclusions mentioned in the Health Plus, UIN: NBHHLGP25038V012425.
- The contract will be cancelled ab intio in case; the consideration under the policy is not realized.

- Policy issuing office: Delhi, Consolidated Stamp Duty deposited on the Master Policy.
- Goods and Service Tax Registration No.: 09AAFCM7916H1Z6
- The cover may be renewed on sole discretion of Niva Bupa Health Insurance Co Ltd subject to member being the part of the group at the time of renewal also. In case You cease to be a member of the group, the cover will stand cancelled as per T& C of the policy
- Where the proposal form is not received, information obtained from insured, whether orally or otherwise, is captured in the policy document. Discrepancies, if any, in the information contained in the policy document may be pointed out by an insured within 15 days from the policy issue date after which information contained in the policy document shall be deemed to have been accepted as correct.
- For registration of claims You may contact us at:

  Claims Department, Niva Bupa Health Insurance Company Limited, 2nd Floor, Plot No D-5, Sector 59, Noida, Gautam Budhnagar 201301 Fax No.: 011-3090-2010.

Location: Noida, Uttar Pradesh

Date: 04/03/2025

Director - Operations & Customer Service
For and on behalf of Niva Bupa Health Insurance Co.Ltd.
(Formerly known as Max Bupa Health Insurance Co.Ltd.)

Podmishlaw

#### Mr. BHIKU BHUIA

S/O BANDHU BHUIA C.M.W.O JUNKUNDAR FATAK NIRSA CUM CHIRKUNDA DHANBAD DHANBAD JHARKHAND - 828202

Mobile No: \*\*\*\*\*4197



Certificate of Insurance(COI) -Xpress Health

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## REIMBURSEMENT CLAIMS



In case of hospitalization, notify us within 48 hours of admission



Pay directly to the hospital. Collect all relevant documents\* (invoices, medical reports, discharge certificate, etc.) in originals



Send these documents along with filled & signed claim form (available on website), ID proof, Address proof, Aadhaar Card and Age proof to the address given above



A decision will be taken on the documents they will be either approved, rejected or a query will be raised as per Policy T&C



If approved, the claim will be settled and reimbursed as per Policy T&C

## Certificate of Insurance(COI) - Xpress Health

Group Master Policy Number	50538300202300	Group Master PolicyHolder Name	BANK OF INDIA	
Group Master Policyholder Address & Pincode	STAR HOUSE 1, TPPD, C-5, G BLOCK, BKC BANDRA (EAST) Mumbai, Maharashtra LATUR MAHARASHTRA 400051	Group Master Policy Issue date	01/11/2023	
Certificate Number	20120002361357	Proposer Name	Mr. BHIKU BHUIA	
Cover Inception Date and Time	26/11/2024 12:00 AM	Proposer Address & Pincode	S/O BANDHU BHUIA C.M.W.O JUNKUNDAR FATAK NIRSA CUM CHIRKUNDA DHANBAD DHANBAD JHARKHAND - 828202	
Cover Expiry Date and Time	25/11/2029 11:59 PM	Contact Number	*****4197	
Policy Tenure	60 Months	Loan Account Number	473860810000112	

#### Insured details

Salutation	Insured Name	Date of Birth/ Age	Gender	Relationship with proposer	Sum Insured/EMI Amount
Mr.	BHIKU	24/02/1969	М	Self	90000

#### Nominee details

Nominee Name	Relationship	Nominee Address (If different)	Contact Details	Appointee Details(if nominee is minor)
PUNIA DEVI	Spouse		9241644197	NA

Benefit Structure	Benefit Structure	
Serious illness benefits	As per grid	
Maximum payouts in a year	3 payouts in a year	

Hospitalization days - Minimum	Hospitalization days - Maximum	Pay Out (INR) - 1	Pay out (INR) - 2	
3	8	10,000	15,000	
9	13	20,000	30,000	
14	14+	30,000	45,000	
Waiting Period				

waiting Ferror		
Initial Waiting Period	30 days	
Waiting Period for Disease Specific Exclusions	12 months	
Waiting Period for Pre-Existing Diseases (PED)	12 months	
Free Look Provision	15 days	

Intermediary Details			
Intermediary Name	Intermediary Code	Intermediary Contact No	
BANK OF INDIA	BNK0190001	018001031906	

#### GST Details:

<b>GSTI No.</b> : 09AAFCM7916H1Z6	SAC Code / Type of Service : 997133 / General Insurance Services		
Niva Bupa State Code : 09	Customer State Code / Customer GSTI No. : 20 / NA		

## Premium Details

Net Premium(Rs.)	CGST(0.00%)	SGST/UTGST(0.00%)	IGST(18.00%)	Gross Premium(Rs.)	Gross Premium(Rs.) (in words)	Premium frequency
974.58	0.00	0.00	175.42	1150	One Thousand One Hundred Fifty Only	Single

- Income tax benefit u/s 80D is available as per the existing Income Tax Laws.Please consult your tax advisor for more details.
- This Policy is subject to the terms, conditions and exclusions mentioned in the Xpress Health, UIN: NBHHLGP25038V012425
- The contract will be cancelled ab intio in case; the consideration under the policy is not realized.
- Policy issuing office : Delhi , Consolidated Stamp Duty deposited on the Master Policy.

- Goods and Service Tax Registration No.: 09AAFCM7916H1Z6
- The cover may be renewed on sole discretion of Niva Bupa Health Insurance Co Ltd subject to member being the part of the group at the time of renewal also. In case You cease to be a member of the group, the cover will stand cancelled as per T& C of the policy
- Where the proposal form is not received, information obtained from insured, whether orally or otherwise, is captured in the policy document. Discrepancies, if any, in the information contained in the policy document may be pointed out by an insured within 15 days from the policy issue date after which information contained in the policy document shall be deemed to have been accepted as correct.
- For registration of claims You may contact us at:

  Claims Department, Niva Bupa Health Insurance Company Limited, 2nd Floor, Plot No D-5, Sector 59, Noida, Gautam Budhnagar 201301 Fax No.: 011-3090-2010

Location: Noida, Uttar Pradesh

Date: 04/03/2025

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