

MANIPALCIGNA PROHEALTH GROUP INSURANCE POLICY

CERTIFICATE OF INSURANCE

Policy Issuing Office: ManipalCigna Health Insurance Company Limited (Formerly known as CignaTTK Health Insurance Company Limited) Reg. Office: 401/402, 4th Floor, Raheja Titanium, off. Western Express Highway, Goregaon (East), Mumbai- 400 063.		Policy Servicing Office: ManipalCigna Health Insurance Company Limited (Formerly known as CignaTTK Health Insurance Company Limited) Reg. Office: 401/402, 4th Floor, Raheja Titanium, off. Western Express Highway, Goregaon (East), Mumbai- 400 063.	
Name of Master PolicyHolder: ANI Technologies Pvt. Ltd.			
Master Policy Number: 100200086373/00/00			
Certificate No: 104500000182/00/00			
UIN: MCIHLGP21172V032021			
Proposer's Details:			
Name:	Kumari Prerna	Customer ID	
Address: India			
Telephone number(s):	(R)	(O)	(M)
Email ID: kumari.prerna@riskcovry.com			
Period of Insurance: From 00:01 on 07/12/2021 To 24:00 on 06/01/2022			
Policy Tenure	1 Year		
Premium Payment Mode*	Monthly		
Policy Type:	Individual		
Renewal Type:	New Business		
Insured Details	Refer Annexure I		
Cover Details	Refer Annexure II		
Special Conditions	Refer Annexure III		

Annual Premium Details

Base Cover Premium (₹)	559.32
Optional Covers Premium (₹)	Not Applicable
Loadings/Discounts(₹)	0
Integrated Goods & Service Tax (₹)	100.68
GST Cess(₹)	0
Total Premium (₹) (Rounded Off)	660.00

***Installment Details**

It is hereby agreed and understood that premium under this policy will be paid in the following instalments :

Total premium to be paid in the policy (INR) including GST	Premium amount paid including GST (INR)	Monthly premium for the policy (INR) including GST	Next Premium due date
660.00	55.00	55.00	06/01/2022

Please refer below table for the subsequent premium payable in your policy

Monthly premium for the policy (INR) including GST	Premium due date
55.00	06/01/2022

Insurer PAN No: AAEECC7904J

Consolidated Stamp Duty of RS.1.00 paid in cash or by demand draft or by payorder or by cheque, vide Receipt/Challan No. MH006596141202122P dated 23/09/2021

In the event of a claim:

Please contact Us through any of these modes	Address for Correspondence	Medi Assist Insurance TPA Pvt. Ltd. Tower D, 4th Floor, IBC Knowledge Park, 4/1 Bannerghatta Road, Bangalore – 560029
	Contact Number	HealthLine No.: Call (Toll Free): 18004259449
	Fax Number	Fax Number : 18004259559
	Email ID	E-mail ID: info@mediassistindia.com

Annexure I – Insured Details

Insured Person's Details:	Insured 1
Name of Insured member (First Name Last Name)	Kumari Prerna
Relationship with Proposer	Self
Date of Enrolment / Joining	07/12/2021
Date of Birth (DD-MM-YYYY)	None

Annexure II - Cover Details

Cover	Brief Description	Sum Insured	Sub Option
In-patient Hospitalisation Expenses Cover	Covered Up to Sum Insured	20 Lacs	Hospitalisation Covered up to Sum Insured (Up to Single Private Room)
Day Care Treatment Cover			Day Care procedures will be covered up to base Sum Insured under the policy. The cover is a part of the Base Sum Insured.
Pre-Hospitalisation Medical Expenses Cover			Covers medical expenses up to 60 days before hospitalization. The cover is a part of the Base Sum Insured.
Post-Hospitalisation Medical Expenses Cover			Covers medical expenses up to 90 days after hospitalization. The cover is a part of the Base Sum Insured.
Domiciliary Hospitalisation Cover			Covers medical expenses towards Domiciliary Hospitalisation up to Base Sum Insured. The cover is a part of the Base Sum Insured.
Road Ambulance Cover			Covers expenses towards road ambulance charges up to maximum of Rs. 2,500/- per hospitalization. The cover is a part of the Base Sum Insured.
Donor Expenses Cover			Covers In-patient Hospitalisation Expenses of Donor up to the Base Sum Insured. The cover is a part of the Base Sum Insured.
In-patient Hospitalisation- Percentage Limit on Room Rent/Amount Limit On Room Rent/Limit on Room Type	Up to Single Private Room		
Annual Aggregate Deductible	Deductible of Rs. 3 Lacs will be applicable on the aggregate of all claims in that Policy Year		
In-patient hospitalisation Cover for AYUSH Treatment	Covers in-patient Hospitalisation expenses towards AYUSH Treatment up to 5 Lacs.		
Enhanced Hospitalisation Cover - (i) Accidental Hospitalisation	The Base Sum Insured will be increased by 100% percentage in case of Hospitalisation following an Accident		

WAITING PERIODS:

Clause	Remark
Pre-existing disease Waiting Period	2 years since date of inception of the first cover
Initial Waiting Period	30 Days since date of inception of the cover
Specific Disease Waiting Period	2 Years since date of inception of the cover

Annexure III

Special Condition: This policy/COI has been issued basis the declaration of disclosing all facts related to the health/medical history of all members proposed to be insured under this policy. It has also been acknowledged and understood that any misrepresentation or failure to disclose all facts will result in claim rejection and/or policy cancellation/termination.

ManipalCigna Health Insurance Company Limited is pleased to acknowledge that the Group member and dependents(if any) designated above are now covered under the ManipalCigna ProHealth Group Insurance Policy, This Policy is subject to the terms and conditions contained in the Master Policy.

This Policy is renewable on expiry of Certificate of Insurance provided the Policy between Us and ANI Technologies Pvt. Ltd. is active.

This Policy has been issued based on the information provided by you at the time of application for cover. In case you find any discrepancy in the same, please contact us immediately.

For any grievance related to the policy, you may write to The Grievance Officer at the policy issuing office address mentioned above or email at headcustomercare@manipalcigna.com or Complaints@manipalcigna.com or Compliance@manipalcigna.com.

For service/claims related queries, you may also write to us at servicesupport@manipalcigna.com and for claims related queries, you may write to us at info@mediassistindia.com.

ManipalCigna Health Insurance Company Limited 401/402, Raheja Titanium, Western Express Highway, Goregaon (East), Mumbai – 400063. IRDAI Registration No. 151. Trade Name / Trade Logo belongs to MEMG International India Private Limited and Cigna Intellectual Property Inc. and is being used by ManipalCigna Health Insurance Company Limited under license. CIN:U66000MH2012PLC227948.

In witness, whereof this Policy has been signed in India on 07/12/2021

Warm Regards

ManipalCigna Health Insurance Company Limited

"This is a System generated communication and does not require signature"

Please refer our website 'www.manipalcigna.com' for detailed Terms & Conditions on the applicable benefits covered under this Certificate of Insurance (COI).