

Nobody likes  
being in hospital!



## Zuno Group Health Insurance Policy

### Policy schedule



#### TPA and intermediary detail

TPA name:	East West Assist TPA Pvt. Ltd.
TPA code:	018

Intermediary name: Share India Insurance Brokers Pvt Ltd	
Intermediary reference code: 2210001609	Contact: 9372152567
Intermediary sales person's name: Malhar Wadwaley	
Intermediary sales person's contact: 9372152567	
POS UID: ABACS6778F	Category:



#### Policy insurance and servicing detail

Policy issuing office:	Zuno General Insurance Limited, Corporate Office: 2nd Floor, Tower 3, Wing B, Kohinoor City Mall, Kohinoor City, Kiroli Road, Kurla (West), Mumbai-400070
Policy servicing office:	Zuno General Insurance Limited, 507, Deron Heights, 270/1/23, Baner, Mumbai, Maharashtra - 411045



#### Details of the insured

Policy No.:	EGIC01-103856-00-000	
Name of insured:	Centrum Broking Limited .	
Address:	LEVEL 2 ,CENTRUM HOUSE, CENTRUM HOUSE, CST ROAD, VIDYA NAGARI MARG, SANTACRUZEAST,MUMBAI, MUMBAI SU, BORIVALI EAST, MUMBAI, MAHARASHTRA - 400098	
Contact No.:	9657289873	
GSTIN of insured:	27AABCA1498E1ZT	
Period of insurance:	From 00.00 Hrs of 01/03/2025 To midnight 23:59 Hrs of 28/02/2026	
Policy type: Per Family	Policy tenure: 1 Year(s)	Previous year policy No.: NA
Business type: New Business	Policy variant: Family Floater	Instalment premium payment mode: No
Insured / primary member relationship		
Occupation:	NA	Relationship between Insured and primary members: Employee-employer relationship
No. of primary members:	154	
No. of dependents:	205	Total members: 359
Email ID:	Vidhi.shah@shareindia.co.in	



## Co-insurance details

Sr. No.	Name of Insurer	Share (in %)	Office Address (leader)
1.	NA	NA	NA



## Coverage and members' details

Demography wise details:

Sum Insured	0-18	19-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	81-99
400000	8	19	8	0	0	1	0	0	0	0
500000	46	61	54	18	3	0	0	0	0	0
600000	32	17	44	29	4	0	0	0	0	0
1200000	4	3	4	4	0	0	0	0	0	0

Basic benefit: As per Annexure "A"

Sum insured: 82300000.00

Deductible / Sub limit applicable (if any): As per Annexure "A"

As per annexure A (applicable if more than one category level):

Disease-wise sub limits (if opted for by insured):

Disease	Sub Limits options	Disease	Sub Limits options
Cataract	No Limit	Hysterectomy	No Limit
Removal of gall bladder	No Limit	Surgery for piles	No Limit
Surgery for fissure, Fistula	No Limit	Appendectomy	No Limit
D & C	No Limit	Hernia	No Limit
Deviated Nasal Septum and Sinus	No Limit	Surgery for renal stone	No Limit
Prostate Surgery TURP	No Limit	Angiography invasive	No Limit
PTCA	No Limit	CABG	No Limit
Bilateral Total Knee / Hip Replacement	No Limit		

### Add-on coverages

Coverages:

Deductible / sub limit applicable (if any):

As per annexure A (applicable if more than one category level):

Member data as per annexure B forming part of policy schedule:

## H. Special conditions

- 1) Family definition-Self Spouse 3 dependent children.
- 2) Day care-Up to the Sum Insured.
- 3) Quote is subject to claims Paid O/S as on 01-05-23 is INR 513469/- In case of any mismatch in claims information, quote shall stand null and void.

## Schedule of premium

Basic Premium:	₹1411389.00
Loading/Discounts:	₹0.00
Premium (Exclusive of Tax):	₹1411389.00
IGST / UTGST @18%:	₹
CGST Amount @9%:	₹127025.010000
SGST Amount @9%:	₹127025.010000
Total Premium:	₹1665439.00

## General conditions

1. The insured's authorized representative shall authenticate the updated and final list of members at the inception of the policy and all subsequent addition/s and deletion/s during the period of insurance should be duly intimated as per the periodicity agreed upon by the company.
2. Adequate cash deposit (CD) balance is required to be maintained at all times to ensure that adequate premium is available for inclusion of member/s, as applicable.
3. Commencement date of cover: it is hereby declared and agreed that the members are covered under this policy only till such time that they are in active employment with the insured. It is further agreed that addition/ deletion of members shall be communicated to the company, in writing, within a reasonable time from the date of joining/ leaving of the member/s but not later than the last day of the succeeding month of joining/ leaving the employment. The cover shall commence from the joining date of such member/s (as requested by the insured and agreed to by the company), subject to premium balance being available with the company on the day of inclusion of the additional member/s. The balance premium available as on that date shall be reckoned for such member/s as per the serial number of the list received from the insured. Where no such premium balance is maintained, the cover for such addition/s will commence from the date of receipt of premium by the insurer. Refund on deletion of member/s will be effected only for such member/s who have not preferred any claim/s under the policy. Dependents of primary members shall be declared at the inception of the policy. Any mid-term inclusion of dependent/s will not be allowed except for spouse owing to marriage, child owing to birth and for member/s joining employment with the insured during the period of insurance. In case of intimation received beyond the stipulated time period, the risk commencement date for such additional member/s shall be from the date of intimation to the company or as otherwise specifically agreed to by the company, subject to adequate premium balance.

4. In case of premium payment by cheque: in the event of dishonor of such cheque for any reason whatsoever, the cover provided under this policy shall automatically stand cancelled from the inception, irrespective of whether a separate communication is sent or not.
5. This 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 on the part of the insured.
6. The members are not allowed to transfer, assign, alienate or, in any way, pass the benefits and/ or liabilities to any other person, institution, hospital, company or body corporate without specific approval, in writing, by a duly authorized officer of the company. However, if the member/s is permanently incapacitated or deceased, the legal heirs of such member/s may represent him/ her in respect of claim/s under the policy.
7. The insured's authorized representative shall authenticate the updated list of the member/s to be covered as at the inception of the policy. The risk commencement date for each of the certificate(s) of insurance, provided to the members shall be from the date of receipt of premium at our end.
8. All terms, conditions and exclusions are as per the policy wording.



### Important note

Insurance is a contract governed by the principle of utmost good faith, requiring the insured to disclose all material information and ones which have a bearing/ impact on the acceptance or rejection of the proposal by the company. In the event of any discrepancy in this policy schedule, contact us immediately, it being noted that this policy shall be otherwise considered as being entirely in order. All terms, conditions and exclusions are as per the policy wording.

Received premium payment of 1665439.00 vide instrument / reference number UTIBN62025022833999948 dated 23/04/2025 against receipt number 1202470020660

GST Registration No.:	27AAECE2328J1ZO
For and on behalf of Zuno General Insurance Limited	
Authorized signatory	
Location: PUNE	
Date: 23/04/2025	

"Consolidated stamp duty paid vide letter of authorisation No. CSD/26/2024-25/2981 dated at 24-07-2024 General Stamp Office, Mumbai".

For any policy-related or claim-related assistance, please feel free to write to us on support@hizuno.com or call us Toll Free on 1800 12000 (between 8.00am to 8.00pm, 7 days of the week). Our representatives will be glad to help you.

Tax is not payable under reverse charge by the recipient	
HSN/SAC code: 997133	Description of goods or service: General Insurance services
Place of supply: MAHARASHTRA	
State: MAHARASHTRA	Code: 27



## Annexure A: Benefit chart

Sr. No.	Category	No of Lives	Benefit(s)	Total Sum Insured	Cover-Add on Coverages/ Sub-limits (if any)	Individual/Floater Sum Insured/Sub-limits
1	Group1	36	Hospitalization Cover	8800000	Basic Hospitalisation Expenses	Sum insured Rs.-400000-500000-600000-1200000 Per Family as per demography provided
2	Group2	182	Hospitalization Cover	40500000	Reimbursement of Organ Donor Expenses	Not covered
3	Group3	126	Hospitalization Cover	28200000	Baby Day one cover	Covered upto SI
4	Group4	15	Hospitalization Cover	4800000	AYUSH Treatment	Covered upto 50% of SI
					Out Patient Cover	Not covered
					Lasik surgery	Not covered
					Restoration of Sum Insured	Not covered
					Co-Payment	No co-pay
					Emergency Ambulance Expenses	Emergency ambulance service for transporting Insured Person to Hospital in case of an emergency or from one hospital to another if medical services required. up to Rs.2500/- per event
					Recovery benefit	Not covered
					Stem cell treatment coverage	Covered Upto SI
					Recharge of the Sum Insured	Not covered
					Gamma knife / Cyberknife surgery	Covered upto SI
					Maternity Cover	Covered for Rs.50000/- For normal delivery and Rs.75000/- For C-Section. Maternity covered for only first 2 children. Maternity covered for Self & spouse.
					Limit for C-Section	Covered for Rs.50000/- For normal delivery and Rs.75000/- For C-Section. Maternity covered for only first 2 children. Maternity covered for Self & spouse.

Sr. No.	Category	No of Lives	Benefit(s)	Total Sum Insured	Cover-Add on Coverages/ Sub-limits (if any)	Individual/Floater Sum Insured/Sub-limits
					Pre-post Hospitalization	30 days pre hospitalization and 60 days post hospitalization
					Maternity Benefit - 9 Month Waiting Period	Not applicable
					Waiver of 30 days waiting period	Not applicable
					Additional Sum insured for Hospitalization due to Critical illness	Not covered
					Hospital Cash Allowance	Not covered
					Infertility Treatment	Not covered
					Pre and Post Natal	Not covered
					Room rent capping	No capping
					Robotic surgery	Covered upto SI
					Remicade, Avastin Injection	Covered upto SI
					Oral chemotherapy	Covered upto SI
					Pre-existing Disease Exclusion Waiver	Pre Existing Diseases covered from day 1
					Cochlear Implant	Not covered
					Sleep Apnoea Syndrome	Not covered
					Limit for Normal delivery	Covered for Rs.50000/- For normal delivery and Rs.75000/- For C-Section. Maternity covered for only first 2 children. Maternity covered for Self & spouse.

Sr. No.	Category	No of Lives	Benefit(s)	Total Sum Insured	Cover-Add on Coverages/ Sub-limits (if any)	Individual/Floater Sum Insured/Sub-limits
					Corporate Buffer Cover	"Additional 10,000/-per family to be used from corporate buffer for Normal Delivery , without HR Approval - Additional coporate buffer overall limit 10 lac for policy year only for Maternity"
					Domicillary Hospitalization	Covered upto 30% of SI
					Two years waiting period	Not applicable

"We hereby declare that though our aggregate turnover in any preceding financial year from 2017- 18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule."