

Date : 19 Sep 2025

Mr Ashish Kumar Sharma
Madhopur Korahuwa
Rohaniya
221011
Varanasi 221011
Uttar Pradesh
State Code : 09

Policy No: 58827355

Mobile No: XXXXXX1132



Dear Mr Ashish Kumar Sharma,

Thank You for trusting us as your preferred Health Insurer.

At Care Health insurance, it is our endeavor to make quality healthcare easily accessible for our customers as well as ensure a truly hassle-free claim servicing experience

To help you understand our services better, please go through the 'Know your policy better' kit that accompanies this letter and constitutes the following

- Policy certificate
- Premium Acknowledgement
- Key Policy Information
- Claim Process - <http://bit.ly/3EyPRnT>
- Policy Terms and Conditions- <https://bit.ly/3QfgyU8> and also available on Customer App
- Customer Information Sheet (CIS) shared on your registered email ID which is a simple and understandable

Also appended herewith for your convenience is your Care Health Card. This card should be presented at the time of an emergency or a planned hospitalization, to avail cashless treatment at our network of over 16000+ cashless network pan-India.

To further simplify procedures, we're online as well. Visit our portal www.careinsurance.com and view network hospitals across the country, cashless procedures and do much more.

For any assistance, please feel free to write to us at <https://www.careinsurance.com/contact-us.html>.

Once again, we thank you for this opportunity to serve you, and wish you and your loved ones good health always!

Team Care Health Insurance

CUSTOMER APP



For Android / IOS

Care Health Insurance Limited

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Corresp. Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road,
Sector-43, Gurugram-122009 (Haryana)
IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503

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Self Help Portal:
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Policy Certificate

Mr Ashish Kumar Sharma
Madhopur Korahuwa
Rohaniya
221011
Varanasi 221011
Uttar Pradesh
State Code : 09

Policy No.	58827355
Plan Name	Care Supreme
Cover Type	Floater
Policy Period - Start Date	00:00 hrs 16-Sep-2025
Policy Period - End Date	Midnight 15-Sep-2026
Premium Paid	Rs.20,528.00 (Premium Rs 17396.54 + Underwriting Loading Rs. 0.00 + CGST Rs. 1,565.70 + IGST Rs. 0.00 + SGST/UGST Rs. 1,565.70)
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Age	Client ID
Mr Ashish Kumar Sharma	Male	20-Apr-1987	38	F6288602

Details of Insured Person

Name	Client ID	Relationship	Date of Birth (DD-MM-YYYY)	Age	Pre-existing diseases (since)	Insured with the Company (since)	Sum Insured
Ashish Kumar Sharma	F6288602	MEMBER	20-Apr-1987	38	NONE	16-Sep-2025	10,00,000.00
Anshika Sharma	F6550192	DAUGHTER	22-Apr-2022	03	NONE	16-Sep-2025	
Khushboo Sharma	F6550193	SPOUSE	15-Aug-1989	36		16-Sep-2025	
Shaivya Sharma	F6550194	DAUGHTER	12-Jun-2018	07	NONE	16-Sep-2025	

Medical History Declaration

Name	Client ID	Medical History Disclosed
Khushboo Sharma	F6550193	Cholecystectomy

Nominee Details

Nominee Details for the Proposer

Apointee Details

S.No.	Name	Relationship with proposer	Age	Percentage of the claim	Name	Age	Relationship with nominee
1	Khushboo Sharma	WIFE	36	100			

Contact details for Claims & Policy Servicing

Correspondence address	Care Health Insurance Limited, Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana)
E-mail ID for Claims	claims@careinsurance.com
Website	www.careinsurance.com

Intermediary Details

Name	Code	Contact Details
Nidhi Sanchay Capital Inf Pvt Ltd	20625237	7307502984

Schedule of Benefits

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S No.	Particulars	Basis of Offering
1	Sum Insured	1000000
2	In-Patient Care	Up to SI
3	Day Care Treatment	All Day Care Procedures
4	Advance Technology Methods	Up to SI
5	Pre-Hospitalization Medical Expenses	Up to SI, Pre-Hospitalization expense cover for 60 days prior to hospitalization
6	Post Hospitalization Medical Expenses	Up to SI, Post-Hospitalization expense cover for 180 days after discharge
7	AYUSH Treatment	Up to SI
8	Domiciliary Hospitalization / Organ Donor Cover	Up to SI
9	Ambulance Cover	Up to Rs. 10,000
10	Cumulative Bonus	50% of SI, max up to 100% of SI.
11	Unlimited Automatic Recharge	Available for unlimited times for unrelated or same illness.
12	Unlimited E-Consultations	Available for Consultations with General Physicians
13	Health Services (Health Portal)	Doctor on chat, Healthy tips reminder, etc.
14	Health Services (Discount Connect)	Discounts on services such as consultations, diagnostics etc at our network
15	Room Rent / ICU	All categories covered. / No Limit
16	Named Ailments Coverage	24 Months
17	Pre-existing Diseases Coverage	36 Months
18	Initial Wait Period	30 Days
19	Organ Donor Cover	Up to SI

Optional Cover

S NO.	Particulars	Details
1	Annual Health check up	Once for all Insured every policy year
2	Cumulative Bonus Super	Upto 100% increase in the Sum Insured, on a cumulative basis for each completed and continuous policy year upto a max of 500%
3	Wellness Benefit	Discount on renewal premium based on active days achieved. Online fitness Coaching/Counselling session from Wellness Coaches
4	Air Ambulance Cover	Up to 5 lacs per year.
5	Claim Shield	Coverage of specified 68 Non Payable Items as defined in T and C


Portability Details of the Insured

Previous Insurer : Niva Bupa Health Ins.Co Ltd.


Name	First Policy Number	Expiry Policy Number	1st Enrollment Date	Expiry Policy SI Rs. (Original SI+CB)
Ashish Kumar Sharma	31958983202403	31958983202403	16-Sep-2021	7,50,000 + 0
Anshika Sharma	31958983202403	31958983202403	16-Sep-2023	7,50,000 + 0
Khushboo Sharma	31958983202403	31958983202403	16-Sep-2021	7,50,000 + 0
Shaivya Sharma	31958983202403	31958983202403	16-Sep-2021	7,50,000 + 0

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Continuity Benefit approved by Company

Name	Named Ailment Wait Period	Pre-Existing Disease wait period
Ashish Kumar Sharma	Continuity benefit available for Coverage amount upto Rs. 7,50,000.00 in 0 year	PED wait Period reduced to 0 year for coverage amount upto Rs. 7,50,000.00
Anshika Sharma	Continuity benefit available for Coverage amount upto Rs. 7,50,000.00 in 0 year	PED wait Period reduced to 1 year for coverage amount upto Rs. 7,50,000.00
Khushboo Sharma	Continuity benefit available for Coverage amount upto Rs. 7,50,000.00 in 0 year	PED wait Period reduced to 0 year for coverage amount upto Rs. 7,50,000.00
Shaivya Sharma	Continuity benefit available for Coverage amount upto Rs. 7,50,000.00 in 0 year	PED wait Period reduced to 0 year for coverage amount upto Rs. 7,50,000.00

For Care Health Insurance Limited



Authorized Signatory

Date of Issue : 19 Sep 2025

Place of Issue : Gurgaon, Haryana

Service Branch : 5th FloorD64/127 CH Arihant Complex Siga Varanasi221010Varanasi,Uttar Pradesh,221010

Branch Contact No. : 9289454730

Consolidated Stamp Duty paid vide E-Challan GRN No. 0133259858 dated 29/06/2025. RCM Applicability - N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State

GSTIN No.: 09AADCR6281N1ZQ

UIN :CHIHLP25047V022425

Note:

- Attached with this Policy Certificate are the Policy terms and conditions, Optional Covers (if opted) and Annexures. Please ensure that these documents have been received, read and understood. If any of these documents have not been received, please feel free to write to us at <https://www.careinsurance.com/contact-us.html>
- For waiting periods and exclusions under this Policy, please refer to Clause 4 of the Policy terms and conditions.
- This Policy Certificate in original must be surrendered to the Company in case of cancellation of the Policy.
- This soft copy of the policy is as valid as a hard copy and can be used for claims. A physical hard copy will not be dispatched.

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Premium Acknowledgement

Policy No.	58827355
Client ID	F6288602
Policyholder	Mr Ashish Kumar Sharma
Address	Madhopur Korahuwa Rohaniya 221011 Varanasi 221011 Uttar Pradesh
Policy Period	16-Sep-2025 to 15-Sep-2026

Premium Details

Particulars	Amount (in Rs.)	S.No.	Receipt Number	Amount	Mode of Payment
Gross Premium		1	C5489186	20,528.00	IPG
Care Supreme	13,842.04				
Annual Health Checkup(Supreme)	911.72				
Cumulative Bonus Super	1,384.20				
Wellness Benefit (Supreme)	64.86				
Air Ambulance Cover (Supreme)	432.44				
Claim Shield	761.28				
Goods & Services Tax (GST)	3,131.40				
Total	20,528.00				

The Premium is rounded off to the nearest rupee.

Eligibility of Premium for Deduction u/s 80D of the Income Tax Act, 1961

The premium paid through any mode other than cash for this policy is eligible for Income tax benefits to the person making the payment subject to the provisions of section 80D of the Income Tax Act, 1961 and amendments thereof. Effective from Assessment year 2019-20, in cases where health insurance premium for multiple years is paid in one year, it will be eligible for proportionate deduction in the years in which the health insurance continues to be effective.

For Care Health Insurance Limited



Authorized Signatory

Date of Issue : 19 Sep 2025

Place of Issue : Gurgaon, Haryana


Note:

- 1) In case of any discrepancy, the Policyholder is requested to contact the Company immediately.
- 2) Any amount paid in cash towards the premium would not qualify for tax benefits as mentioned above.
- 3) This document must be surrendered to the Company in case of Cancellation of the Policy or for the issuance of a fresh certificate in the case of any alteration in the Policy.
- 4) This Policy is issued subject to realization of the premium amount. In case the instrument given towards the premium amount is dishonored, then the cover provided under this Policy shall automatically get cancelled. In the given scenario, if any amount has been paid by the Company in respect of a claim or due to any other reason than the amount so advanced by the Company shall be refunded to the Company forthwith.
- 5) We may credit upto Rs. 1/- to your account for validation, before remitting any further payment.


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Proposal Form-'CARE SUPREME'

Dear Mr Ashish Kumar Sharma

In reference to your online proposal (1120123640600) for 'Care Supreme'- Comprehensive Health Insurance policy, please find below the details as provided by you:

Proposer Details

Name : Mr Ashish Kumar Sharma
Address : Madhopur Korahuwa
 Rohaniya
 Varanasi 221011,Uttar Pradesh
 221011
Date of Birth : 20-Apr-1987
Landline :
Mobile : XXXXXX1132
E-mail : aXXXXXXm@gmail.com

Details of the Persons be Insured

Name	Date of Birth	Relation	Pre-existing Diseases
Ashish Kumar Sharma	20-Apr-1987	MEMBER	NONE
Anshika Sharma	22-Apr-2022	DAUGHTER	NONE
Khushboo Sharma	15-Aug-1989	SPOUSE	
Shaivya Sharma	12-Jun-2018	DAUGHTER	NONE

Additional Details

1. Does any person(s) to be insured has any pre-existing diseases?

Insured1	Insured2	Insured3	Insured4
N	N	Y	N

2. Have any of the person(s) to be insured ever filed a claim with their current / previous insurer?

Insured1	Insured2	Insured3	Insured4
N	N	Y	N

3. Has any of your proposal(s) for Health insurance been declined, cancelled, charged a higher premium or issued with special condition(s)?


Insured1	Insured2	Insured3	Insured4
N	N	N	N

4. Is any of the person(s) proposed for insurance covered under any other health insurance policy with the Company?


Insured1	Insured2	Insured3	Insured4
N	N	N	N

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You agreed to following terms & conditions of the purchase of policy

- a. I have read and understood the Brochure/Prospectus/Sales Literature/Terms and Conditions of the Policy and confirm to abide by the same.
- b. Receipt of proposal form by the Company shall not be construed as acceptance of proposal. Commencement of risk under the Policy shall be subject to realization of full premium and individual underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal. Policy would start from the date as specified in the Policy Certificate.
- c. I understand that the Policy Period Start Date as specified in the Policy Certificate shall be from the 00:00 hours of the next day of the Proposal receipt at branch/online, proposed policy period start date as opted by me or cheque date, whichever is later.
- d. I understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact, in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by me or anyone acting on my behalf.
- e. I hereby declare that the lives proposed to be insured would submit to medical examinations before the nominated doctors of the Company or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.
- f. I consent to and authorize the Company and/or any of its authorized representative agents to seek medical information from any hospital/ medical practitioner or any other related entity that I have attended or may attend in future concerning any illness or injury.
- g. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.
- h. I authorize the Company to exchange, share or part with the information relating to myself/person(s) to be insured with any external entity other than regulatory and statutory bodies, as may be required and I will not hold the Company or its agents liable for use/ sharing of this information.
- i. I/We agree and undertake to convey to the Company any change/alterations carried out in the risk proposed for insurance after submission of this proposal form.

j. I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.

The undersigned hereby declare on my behalf and on behalf of each of the persons proposed to be insured that the above statements and particulars are true, complete and correct in all respects and that all information which is relevant to this proposal has been disclosed and not withheld from the Company. I declare that the money used to make the premium payment has not been derived from any illegal activity or unaccounted funds. I further declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

By virtue of this communication, I give my implicit approval on receiving Whatsapp, SMS, E-mail (Transactional & promotional) from the company.

The details mentioned in above proposal form have been verified through OTP received on my registered mobile number.

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No physical Health Cards will be dispatched. The electronic version of the card below will be accepted across all network providers.

**HEALTH CARD**

Policy No.
58827355

Member ID	DOB	NAME
F6288602	20-Apr-1987	Ashish Kumar Sharma
F6550192	22-Apr-2022	Anshika Sharma
F6550193	15-Aug-1989	Khushboo Sharma
F6550194	12-Jun-2018	Shaivya Sharma



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Disclaimer
1. This card is not transferable
2. Use of this card is governed by the policy terms & conditions
3. To avail cashless facility, this card needs to be produced along with photo
4. Valid upto policy period end date or cancellation date, whichever is earlier

IRDAI Registration No.148