

Policy Certificate - Group Care 360°

APL AUDIT OPERATIONS INDIA LLP
NO 363
19th Main Road Bangalore Bengaluru Urban Karnataka 560010
NO 363 1st Block Rajajinagar
Bangalore-560010
KARNATAKA
GSTN : 29ABWFA7455Q1Z6
STATE CODE : 29

Policy No	43615653
Name of Policyholder	APL AUDIT OPERATIONS INDIA LLP
Cover type	Individual
Policy Period - Start Date	00:00 hrs 31-May-2022
Policy Period - End Date	Midnight 30-May-2023

Premium Details

Premium	CGST	IGST	SGST	UGST	Total Premium	Premium Payment Mode
₹ 71,102	₹ 6399.18	₹ 0	₹ 6399.18	₹ 0	₹ 83,900	ANNUAL PREMIUM

Details of Insured

S No.	Particulars	Nos.
1	Primary Insured Members	19
2	Dependents	0
	Total	19

For details of each insured refer to “Annexure A”

Details of Cover

S No.	Particulars	Amount
1	Total Sum Insured	₹ 9,500,000

Intermediary Details

Name	Code	Contact Number
PLUM BENEFITS PVT LTD GRP	20320895	9319196576

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Benefits

S. No.	Particulars	Details
1	In-patient Care	Flat Sum insured
Room Rent		
Sum Insured	Maximum eligibility for Normal Hospitalization	Maximum eligibility for ICU Hospitalization
Rs. 500,000	Single AC	No limit

If the Insured Member is admitted in a room where the room rent incurred is higher than the room rent limit specified above, then the Insured Member shall bear the ratable proportion of the total Medical Expenses in the proportion of the room rent actually incurred-room rent limit/room rent actually incurred.

Day Care Treatment : List of Day Care procedure attached as “Annexure A under Know your policy Better”
List of Expenses Generally Excluded (Non-Medical) in Hospital Indemnity Policy "Annexure B under Know your policy Better"

Details of Benefits and Optional Extensions

1. **Policy type : Non selective**
2. **Family Structure : Self Only**
3. **Age Limit: Employee age up18 to 65 years**

Waiting Period

1. Pre-existing diseases are **covered** for existing members and new joiners.
2. 30 Days Wait Period condition is **waived** for existing members and new joiners.
3. First & Second year exclusion condition for specific diseases is **waived** for all Insured Members.

Pre & Post Hospitalization

1. Pre & Post Hospitalization is covered for **30 days and 60 days** respectively.

Maternity

1. Maximum Limit for Maternity claims is **Rs. 50,000 for Normal and Rs. 50,000 for LSCS.**
2. Maternity Expenses Benefit is available for Employees or Spouse Only if covered in data.
3. Maternity claim is payable for first two dependent children only.
4. 9 month waiting period in respect of maternity claims **waived** for all Insured Members.
5. Pre & Post natal expenses are covered **up to Rs. 5,000/-** within the overall maternity limit for a period of 30 days

Other Benefits

1. Ambulance charges payable up to a maximum amount of Rs. 2,000/- per claim.
2. Claim for lasik treatment - if power of eye is above +/- 7.5d, is payable.
3. Cancer treatment cover - Covered upto FSI
4. No disease-wise limit

Premium per life Excluding tax:

Age Bands	500000
0-35	3662.16

36-45	5183.116
46-55	10046.22
56-65	17996.18

Other Term and Conditions

Below terms & conditions are applicable unless specifically waived or amended under the policy.

1. Mid-term increase in Sum insured due to change in level of the employee (promotion) is allowed, but in case of claims it will not be applicable.
 2. If Dependents are to be covered under Family Structure, then the same needs to be declared at the time of inception of the Policy. Mid-term inclusion of only Child by birth and Spouse after marriage falling during the Policy period is allowed.
 3. Definition - Mental Illness means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize, reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence.
 4. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence, cerebral palsy, cretinism, Mongolism, mental intellectual disability, Parkinson's disease, Alzheimer's disease and Dementia will not be covered under the policy.
 5. All additions and deletions will be done on a pro rate a basis unless otherwise agreed.
 6. The Insured must inform of new additions within a reasonable time but not later than 30 days from the date of the joining the organization. On exit of employees, deletion of employees should be informed in writing failing which the liability incurred on claims of such employees after their exit, would be of the employer.
 7. Domiciliary Hospitalization is specifically excluded unless mentioned specifically.
 8. Terrorism cover extended under the policy.
 9. Treatment related to genetic disorders is not covered.
 10. Internal congenital disorders are covered under the policy
 11. Individuals cannot be covered as an employee and dependent under the same policy, nor may children or parents will be covered by both under the same policy.
 12. List of hospitals where cashless can be availed is also available on our website. The Co. however reserves the right to include/exclude any hospital from this list. However if an insured has already availed a cashless from a hospital which is later on delisted by the Co., in such case the Co. will continue to provide cashless to that insured for the same treatment.
 13. Following charges levied by hospitals will not be payable under the policy:- Admission charge / Surcharge / Service charges / miscellaneous charges / Registration fee / Admission Fee / Other non- medical or non-treatment related expenses.
 14. Existing groups may not split into multiple groups to obtain multiple benefit levels.
 15. Excluding a class within a group from coverage is not permitted.
 16. Ineligible employees include: contractors; temporary, seasonal, substitute, uncompensated employees; volunteers, silent partners, shareholders or investors only; owners, officers or managing members who are not active, permanent, full-time employees.
 17. Any hospitalization to undergo contraception is excluded under the policy.
 18. Infertility & related ailments including male sterility , treatment on trial /experimental basis; expenses on fitting of prosthesis (any device /instrument/contributing machine/replacing the functions of an organ) holter monitoring are outside the scope of this policy.
 19. Septoplasty for cosmetic purpose shall be excluded from the scope of the policy.
 20. 50% co-pay for Bio-absorbable Stent/Toric lens/Multi Focal lens.
 21. Subject otherwise to terms, conditions and exclusions of the Policy.
 22. Claim payment shall be done in favor of customer (employee)/Nominee
- Claims whether Cashless or Reimbursement pertaining to any treatment taken in Non-Preferred hospitals will not be payable. Please refer below link to access the latest list of such hospitals subjected to change from time to time.
- <https://www.careinsurance.com/non-preferred-hospital-list.html>
23. In case of any mass media promotion of the product and policy, prior approval from the Co. shall be taken.
 24. E- Health Cards will be provided if specifically mentioned on the policy.

Claims Servicing Team

Name of Service	Address	Phone	Fax	Email
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Care Health
Insurance Ltd

Vipul Tech Square, Tower C, 3rd Floor, Sector 43, Golf Course
Road Gurgaon - 122009

1800-102-
4488

1800-200-
6677

[Claims@careinsurance.
com](mailto:Claims@careinsurance.com)

For **Care Health Insurance Limited**
(Formerly known as Religare Health Insurance Company Limited)



Authorized Signatory

Date of Issue : 29-Jun-2022

Place of Issue : Gurgaon, Haryana

Registered office address: Care Health Insurance Limited,
(Formerly known as Religare Health Insurance Company Limited),
5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019

Service Branch : CHIL, Site No. 8, 1 St Main, 80 Feet Road, S.T. Bed Area, Koramangala, Bangalore, Karnataka - 560034 Branch
Contact No. : 080-49101801

Correspondence Address: Care Health Insurance Limited
(Formerly known as Religare Health Insurance Company Limited)

Unit no 604 - 607, 6th Floor, Tower C, Unitech Cyber Park,
Sector 39, Gurgaon - 122001. (HARYANA)

Call us : 1800-102-4488 Fax : 1800-200-6677

Website : www.careinsurance.com E-mail : customerfirst@careinsurance.com

Consolidated Stamp Duty paid vide E-Challan GRN no. 89495132 dated 18 April 2022, RCM Applicability- N/A
SAC: 997133 and Description of Service: Accident and Health Insurance Services State GSTIN No.: 29AADCR6281N1ZO
IRDA Registration Number - 148

UIN : RHIHLGP20126V011920 CIN – U66000DL2007PLC161503

Note:

*In case premium is paid (partly/fully) by the Insured Member, the same shall be eligible for deduction u/s 80D of Income tax act 1961