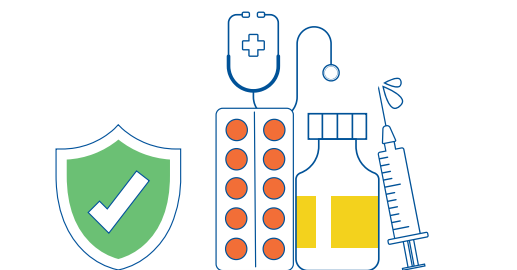


Barcode:

Name: Shalini Verma

Address: New Delhi CENTRAL DELHI DELHI 110001

Contact No.: 7550978216



Be worry-free - Your health is secure with TATA AIG!









Hello Shalini Verma!

Your Policy has been issued with Policy No. 7033333606.

Visit [here](#) for policy wordings or scan the QR Code.



Below is a Quick Glimpse of Benefits*

	In-Patient Treatment	Covers hospitalization due to disease/illness/injury during the policy period that requires your admission in a hospital as an In-Patient for more than 24 hours.		Restore Benefits	Automatically restore the Basic Sum Insured upon exhaustion of the Sum Insured and accrued Cumulative Bonus during the policy period.
	OPD Treatment - Dental	Covers expenses related to Root Canal Treatment, Tooth extraction(s) and/or Filling.		Global Cover For Planned Hospitalization	Covers medical expenses up to sum insured for treatment overseas, if diagnosed in India, subject to conditions.
	High End Diagnostics	Covers listed diagnostic tests on an OPD basis, if required as a part of treatment.		OPD Treatment	Covers outpatient consultations and pharmacy cost after completion of two years of continuous coverage with us.
	Maternity Cover	Covers maternity expenses after the given waiting period.		Vaccination Cover	Covers costs for specified vaccines like Typhoid, Anti-Rabies, etc.

Your Welcome Policy Kit Contains

- **Policy Schedule:** A quick snapshot of your coverage, including term, limits and insured members.
- **80 D Certificate:** Proof of insurance premium payment for tax deduction claims.
- **Health Card:** A multifunctional card that enables cashless hospital visits and serves as your policy identifier.
- **Transcript of the Proposal Form:** The official application gathered from policyholders containing in-depth details.
- **Customer Information Sheet:** Your comprehensive guide, detailing your policy's features, benefits, and how to effectively utilize your coverage.

*For more information on your Policy benefits, waiting periods, exclusion, claim procedures and other applicable financial limits, please refer your Customer Information Sheet and Prospectus.

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office : Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India.
24x7 Toll Free No.: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com
IRDA of India Registration No: 108 • CIN: U85110MH2000PLC128425 • TATA AIG MediCare Premier • UIN: TATHLIP24159V042324

Policy Schedule

Policy Number	7033333606	
Policy Holder's Name	Shalini Verma	
Policy Holder's Address	New Delhi CENTRAL DELHI DELHI 110001	
Policy Holder's Contact No.	7550978216	
Policy Period	From: 11/12/2024 00:00	To: 10/12/2025 23:59
Gross Premium	₹ 25178	

Unlock Policy Details at Your Fingertips

Download now
TATA AIG App
<https://taig.in/551c26a>

OR



You can also visit our website
www.tataaig.com

WhatsApp us
[+91 9136160375](https://wa.me/919136160375)

Intermediary Name	Intermediary Code	Intermediary Contact No.
UAT RETAIL HEALTH	8826000979	8826000979

Issuing Office	MUMBAI	Policyholder's Residency Status	Indian
Client ID	-	Product Name	TATA AIG MediCare Premier
Proposal No.	PTE/BT/28554/7030000883	Plan Type	Floater
Premium Payment Zone	Zone A	Business Type	New Business
Policy Tenure	1 year		

Insured Person Details:

Insured Person's Name	Insured with Tata AIG General Insurance Co. since	Member Id	Date of birth	Age (In Years)	Relationship to Policy holder	Restore Benefit % Applicable for the Policy Period	Sum Insured (₹)*	Cumulative Bonus (₹)#	Accidental Death Sum Insured (₹)
Shalini Verma	11/12/2024	IDV00213748201032	01/02/1992	32	Self	100% of SI	10,00,000.00	0	10,00,000.00
Spouse Test	11/12/2024	IDV00213748202033	02/04/1991	33	Spouse				10,00,000.00

*For Family Floater policy, Sum Insured and Cumulative Bonus Floats among the insured members of the family as mentioned above. This shall not be applicable for newly added members in this policy.

#Sum Insured mentioned is excluding cumulative bonus. Earned cumulative bonus is separately mentioned.

Underwriting Loadings (₹)	Discounts (₹)	Net Premium (₹)	Tax, Duties And Cess As Applicable (₹)	Gross Premium (₹)
0.00	4631.6	21336.94	3840.65	25178

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Gross Premium (In Words): Rupees Twenty Five Thousand One Hundred Seventy Eight only

Net Premium is inclusive of the premium impact of the optional cover and/or Rider Cover, if opted.

Managing Your Policy Just Became Easier



Edit Your Policy



Download the TATA AIG App



Visit Our Website



Frequently Asked Questions

For Hassle-Free Claims



Initiate/Track Your Claim



Find Your Nearest Cashless Network Hospital



Download Claim Form



List of Excluded Providers

Benefit Name	Coverage Limit
	Sum Insured ₹ 50 Lakhs
In-Patient Treatment	Upto Sum Insured
Pre-Hospitalization expenses	Upto 60 Days
Post-Hospitalization expenses	Upto 90 Days
Day Care Procedures	Upto Sum Insured
Organ Donor	Upto Sum Insured
Domiciliary Treatment	Upto Sum Insured
Restore benefit	Upto Sum Insured
AYUSH benefit	Upto Sum Insured
Ambulance cover	Upto ₹ 5000 per Hospitalization
Health Check-up	Upto 1% of Sum Insured; maximum ₹10,000 per policy
Compassionate travel	Upto ₹20,000 per policy year
Consumables Benefit	Upto Sum Insured
Global Cover for Planned Hospitalization	Upto Sum Insured For applicability refer to Special condition as mentioned under Clause B13 Global Cover for Planned Hospitalization, of the Policy

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Bariatric Surgery Cover	Upto Sum Insured
In-patient Treatment - Dental	Upto Sum Insured
Vaccination cover	Upto Sum Insured
Hearing Aid	50% of actuals; maximum ₹10,000 per policy
Daily cash for choosing shared accommodation	0.25% of base Sum Insured; maximum ₹2000 per day
Daily cash for accompanying an insured child	0.25% of base Sum Insured; maximum ₹2000 per day
Second Opinion	Covered
Maternity Cover	₹50,000 (₹60,000 for birth of girl child)
Delivery Complications Cover	Up to ₹10000
First year Vaccinations	Upto ₹10000 (₹15000 for girl child)
Prolonged Hospitalization Benefit	1% of Sum Insured
High End Diagnostics	Upto ₹25,000 per policy year
OPD Treatment	Upto ₹5,000
OPD Treatment - Dental	Upto ₹10,000
Emergency Air Ambulance Cover	Upto ₹5,00,000
Accidental Death Benefit	100% of base Sum Insured
Wellness Services	<ul style="list-style-type: none"> i. Unlimited Teleconsultation General ii. Unlimited Teleconsultation - Specialist iii. Health Condition Management (a. Diet & Weight Management Program Stress Management Program b. Stress Management Program) iv. Redeemable voucher/Discount on services v. Ambulance Booking facility vi. Emergency Help me feature
Wellness Program	Available

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Rider Cover for TATA AIG MediCare Premier UIN TATHLIP24159V042324

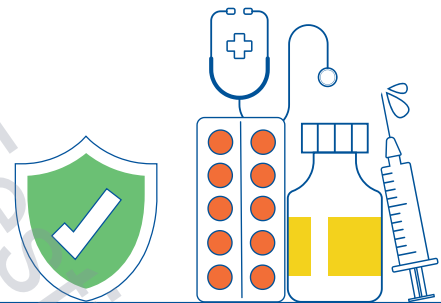
Package Name	Rider Names	Cover/Benefit Name	Coverage Limit
Mental Wellbeing	Mental Wellbeing UIN: TATHLIA25037V012425	Mental Health Screening	Once every policy year for listed tests, only on Cashless basis
		Psychological Therapy and Procedures	Maximum Upto 10 sessions per person in a policy year, only on Cashless basis
		Diet Consultation Rider	Maximum Upto 4 sessions per person in a policy year, only on Cashless basis
		Vocational Rehabilitation	Up to base Sum Insured, Over and above the base Sum Insured, Maximum upto 30 days
		Stress Management Rider	Available
		Addiction Cessation Program	Available
Restore Infinity Plus	Flexi Shield UIN: TATHLIA25039V012425	Restore Infinity Plus	Applicable

Click [here](#) to access your Rider Wordings.

For applicability kindly refer to the Rider Benefits opted by you on the Policy Schedule.

Nominee Details for Policyholder:

Nominee Name	Relationship To Policyholder
Nominee test	Son



Portability Details (If Applicable):

This Policy is in continuation with ACKO General Insurance Ltd, 1234 for below mentioned members.

Member name	Name of previous insurer	Previous Policy Number	Previous Insurer policy inception	Sum Insured (₹)	Claim Details,if any
Shalini Verma	ACKO General Insurance Ltd	1234	11/12/2023 to 10/12/2024	500000	No
Spouse Test	ACKO General Insurance Ltd	1234	11/12/2023 to 10/12/2024	500000	No

In case of enhanced Sum Insured, all waiting periods will be applied afresh.

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Details of Waiting Period (Applicable in case of Portability):

Applicable Waiting Period and Sum Insured				
Member Name	Sum Insured inclusive of cumulative bonus	30 Days waiting period	2 year exclusion for specific illness & Treatment	Pre-existing Disease
Shalini Verma	500000	Waived off	Reduced to 1 Year	Reduced to 1 Year
Spouse Test	500000	Waived off	Reduced to 1 Year	Reduced to 1 Year

Policy Comments (If Applicable)	
Claim Servicing Details	
Name of Claim Administrator	Tata AIG Health Claim
Website	http://www.tataaig.com/
Email	customersupport@tataaig.com
Claim Submission Address	TATA AIG Health Claims processing HUB ,TATA AIG General Insurance Company Limited 5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A, GHMC no - 615,616, Ameerpet, Hyderabad – 500016, Telangana, Phone- 040-66864900
Stamp Duty of Rs.100/- is paid as provided under Article 47(C) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No. LOA/ENF1/CSD/55/2024/4453 Validity Period Dt.14/09/2024 To Dt.13/09/2027 Date :04/12/2024	
For and on behalf of TATA AIG General Insurance Company Limited	
Authorized Signatory	

In the event of non-receipt of premium, the company shall not be liable under the Policy and the Policy shall stand cancelled ab-initio (from inception).

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Annexure to Customer Information Sheet (CIS)
Benefit Illustration in Respect of Policies Offered on Individual and Family Floater Basis

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one sum insured available for entire family)			
	#Premium (₹)	Sum Insured (₹)	#Premium (₹)	Discount if any	#Premium after Discount (₹)	Sum Insured (₹)	#Premium or consolidated premium for all members of the family (₹)	Floater discount if any	#Premium after discount (₹)	Sum Insured (₹)
32			11579.00	0	11579.00	100000.00	11579.00	20 %	9263.20	100000.00
33			11579.00	0	11579.00	100000.00	11579.00	20 %	9263.20	100000.00
	#Total Premium for all members of the family is ₹_____ when each member is covered separately		#Total Premium for all members of the family is ₹23158.00 when they are covered under a single policy				#Total Premium when policy is opted on floater basis is ₹18526.40			
	Sum Insured available for each individual is ₹_____		Sum Insured available for each family member is ₹_____				Sum Insured of ₹1000000.00 is available for the entire family			

#Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the Premium rates shall be exclusive of taxes applicable

80D Certificate

Certificate of Premium payment for the purpose of declaration under Section 80D of Income Tax (Amendment) Act, 1961*

Date	04/12/2024
Policy No.	7033333606
Customer Name	Shalini Verma
Address	New Delhi CENTRAL DELHI DELHI 110001
GSTIN No.	

Dear Sir/Madam,

Sub: Tax Benefit Letter for TATA AIG MediCare Premier Policy No. 7033333606

This is to certify that Premium amount of Rs 25178 (Twenty Five Thousand One Hundred Seventy Eight) for health insurance Policy No. 7033333606 issued to Shalini Verma for the period 11/12/2024 to 10/12/2025 has been paid.

Receipt Illustration:

Receipt ID	Name of Payer	Mode of payment	Amount paid
	Shalini Verma	Online	25178
	Total Amount Paid		25178

Premium Illustration (Member Wise):

Member ID	Name of Member	Relationship with Policyholder	Total member premium paid(Including Taxes & Loading)
IDV00213748201032	Shalini Verma	Self	12588.79
IDV00213748202033	Spouse Test	Spouse	12588.79
Total Premium Paid (Inclusive of Loading & Taxes collected)			25178

For any questions or additional support, please visit our website at www.tataaig.com or download the TATA AIG App for assistance.

We assure you of our best services at all times.

Date of Issue	04/12/2024	Place of Issue	MUMBAI
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***Note:**

1. Tax deductions can be claimed subject to the provisions prescribed in the relevant sections of the Income Tax Act, 1961 as amended from time to time.
2. Premium paid in advance will be applied to the policy on premium due date.
3. This premium paid certificate is conditional upon credit in company's account post clearance of the instrument/facility including electronic mode.
4. For any confirmation/impact analysis, customer is advised to refer the matter to his/her Tax consultant.
5. This certificate must be surrendered to the company in case of cancellation of this policy. In the event of incorrect representation of this declaration the liability shall be upon the Policyholder/Payer.

Regards,

For TATA AIG General Insurance Company Limited

Digitally Signed By: Shammi Kapoor

Date: 04/12/2024

Location: Mumbai

Authorized Signatory



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Receipt

Receipt No.	-				
Receipt Date	04/12/2024				
Policy No.	7033333606				
Received with thanks from Shalini Verma a sum of Rs. 25178 (Rupees Rupees Twenty Five Thousand One Hundred Seventy Eight only)					
Sr No.	Policy Number	Mode of Payment	Total Premium	Utilized from the receipt for policy	Balance
1	7033333606	Online	25178	25178	0
<p>Note:</p> <ol style="list-style-type: none"> 1. This is a computer generated receipt and does not require a signature. 2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and void. 3. Amounts received by cheque shall be subject to realization. 4. Any amount received in excess of the Premium is being/shall be refunded by the Company. 					
Revenue (consolidated) stamp duty duly paid via Challan no: date the for applicable cases.					
GSTIN: 27AABCT3518Q1ZW			Service Accounting Code: 99713		

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Transcript of the Proposal Form

Proposal No.	PTE/BT/28554/7030000883	URN No.	AH/2024-25/HL-02	Intermediary Code	8826000979
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This is an application for insurance and issuance of this does not amount to acceptance of proposal by us. Commencement of risk under this proposal is subject to acceptance of the risk by us and receipt of premium.

The information declared by you in this form is the basis for issuance of the policy. Please answer all questions carefully. Any incomplete, incorrect or partially correct answers may lead to rejection of the proposal and also might lead to cancellation of policy.

Please fill-up this form in CAPITAL LETTERS

1. Proposer's Details:

Name (Mr/Mrs/Ms/Dr)	Shalini Verma		
Date Of Birth (DD/MM/YYYY)	01/02/1992	Gender	FEMALE
Unique Govt. ID No.	BKVPV2871E	Mobile No.	7550978216
Occupation	-		
Annual Income (in lakhs)			
E-Mail ID	shalini.verma@geminisolutions.com		

i. Is Nationality or Residence Status of either the Proposer or any of the Insured Person(s) is 'other than Indian' (i.e. the Nationality or Residence Status is Non Resident Indians (NRI)/ Overseas Citizen of India (OCI)/ Foreign Nationals)? ☐ Yes ☒ No

ii. If you are Resident Indian National and want to opt out of Global Cover for Planned Hospitalization ☐ Yes ☐ No

*If the answer to (i) or (ii) above is 'Yes', you are eligible for a premium discount and 'Global Cover for Planned Hospitalization' as a Benefit is not available under this policy and no claim shall be admissible under this section.

Nationality	<input checked="" type="checkbox"/> Indian <input type="checkbox"/> Foreign Nationals		
Residential Address In India^	New Delhi		
Landmark	-	Area	-
City/Town	CENTRAL DELHI	Pin Code	110001
District	-	State	DELHI

PAN Card: BKVPV2871E

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Important Note:

- Here 'Address' implies the place where the person ordinarily resides. In case proposed Insured Person(s) reside at multiple addresses, then address of the person residing in the highest zone to be provided.
Zone definitions as mentioned in the prospectus (wherein Zone A is highest followed by Zone B and Zone C respectively).
- Declared 'Address' will form the basis for the calculation of the premium.
- 'Address' is a material fact for calculation of the premium. "Material facts" for the purpose of this Policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
- Any misrepresentation or misdescription of the same by the policyholder may lead to termination of the policy as per policy terms and conditions and accordingly all premium paid thereon shall be forfeited to the Company.

☐ TATA Group Employee

2. Plan Details:

Proposed Policy Period: To

Policy Tenure: ☒ 1 Year ☐ 2 Years (5% premium discount) ☐ 3 Years (10% premium discount)

Sum insured type: ☒ Floater ☐ Individual

Rider Cover for TATA AIG MediCare Premier UIN TATHLIP24159V042324			
Package Name	Rider Names	Cover/Benefit Name	Coverage Limit
Mental Wellbeing	Mental Wellbeing UIN: TATHLIA25037V012425	Mental Health Screening	Once every policy year for listed tests, only on Cashless basis
		Psychological Therapy and Procedures	Maximum Upto 10 sessions per person in a policy year, only on Cashless basis
		Diet Consultation Rider	Maximum Upto 4 sessions per person in a policy year, only on Cashless basis
		Vocational Rehabilitation	Up to base Sum Insured, Over and above the base Sum Insured, Maximum upto 30 days
		Stress Management Rider	Available
		Addiction Cessation Program	Available
Restore Infinity Plus	Flexi Shield UIN: TATHLIA25039V012425	Restore Infinity Plus	Applicable

3. Details of the Person(s) to be Insured:

Sr. No.	Name of the Insured Person	Gender	Relationship with the Proposer*	Date of Birth	Height	Weight	Sum Insured	ABHA Number (14 digits)
1	Shalini Verma	F	Self	01/02/1992	162	57	1000000	-
2	Spouse Test	M	Spouse	02/04/1991	182	80		-

*Allowed relations (Spouse, children and dependent parents/parents in law).

#Sum Insured options available ₹ (5, 10, 15, 20, 25, 50, 75, 100, 200, 300 Lakhs); Same Sum Insured for all members in floater option

^^Ayushman Bharat Health Account (ABHA) Number.

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☐ **Ayushman Bharat Health Account (ABHA) Declaration:** I on behalf of all Insured Person(s) provide consent to access the medical and personal records/details [of all Insured Person(s)], as are available in my/our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider(s) of TATA AIG General Insurance Company Ltd and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/our Proposal and/or for checking the authenticity of claims lodged by me/us and/or to comply with the applicable Law/Regulations.

Note: If ABHA Number is not available, we urge you to visit <https://abdm.gov.in> for creation of ABHA ID and inform the same to us once created.

4. Nominee Details:

In the event of the death of the proposer any payment due under the policy shall become payable to the nominee in accordance with the policy Terms and Conditions.

Nominee Name	Date of Birth*	Relationship	Address of the Nominee
Nominee test	16/04/2002	Son	-

5. Existing/Previous Insurer Details:

Is the proposer or any of the persons proposed, already Insured under a health plan with TATA AIG General Insurance Company Ltd. or any other insurer or is a proposal pending for policy issuance? If yes, please indicate the Policy/Application number(s):

Since when continuously insured :

Do you want Us to consider these details for portability*? ☒ Yes ☐ No

*Please note that continuity of benefits shall NOT be considered if the details are not provided. You need to approach us at least 45 days prior to your expiry date to avoid any break in coverage. Please submit all previous year insurance policy copies.

Policy No.	Name of Insured person	Insurer	Period of Insurance		Sum Insured & Cumulative bonus (₹)	Claims lodged during the preceding years along with the diagnosis
			From	To		
1234	Shalini Verma	ACKO General Insurance Ltd	11/12/2023	10/12/2024	500000	No
1234	Spouse Test	ACKO General Insurance Ltd	11/12/2023	10/12/2024	500000	No

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6. Medical And Lifestyle Details:

A. Medical History:

Please answer the below mentioned questions individually in Yes (Y) / No (N):

You must answer the questions truthfully. Not doing so would lead to termination of your policy.

Please answer each of the following questions individually for each Insured Person by ticking the relevant box.	Insured Persons	
	1	2
Decline Disease Name	N	N
Have you or any of the persons proposed for insurance, ever suffered from or taken treatment, or hospitalized for or have been recommended to take investigations / medication / surgery or undergone a surgery for medical conditions specified on Proposal form?	N	N
Any other illness/disease/injury/disability in the past other than for childbirth, flu or for minor injuries that have completely healed?	N	N
Are you or any persons proposed on regular medication (including any Ayurvedic treatment) or Hospitalized for any illness/ surgery or awaiting any procedure/treatment?	N	N
Have you ever been diagnosed with any of these medical conditions with or without any follow-up tests/medications? – Elevated Blood Sugar/ Type 2 Diabetes Mellitus/ Elevated Blood Pressure/ Hypertension/High Cholesterol/ Asthma>>	N	N
Is any of the insured pregnant currently? If yes, please mention expected date of delivery (EDD). Any history of pregnancy related complications?	N	N
Has any application for life, Health or critical illness insurance ever been declined, postponed, loaded or been made subject to any special conditions by any insurance company?	N	N
Has any health or life insurance policy ever been terminated in the past ?	N	N
Have you ever been diagnosed with any Thyroid Disorder with or without any follow-up tests/medications?	N	N
Do you have any signs, symptoms, illness or injury including knee joint ligament tear or back pain/ Swelling or Pain in any part of body / Breathlessness on mild effort / dizziness more than once in last 6 months for which medical consultation / treatment / investigation has been required ?	N	N
Have you undergone any annual health check-up or routine medical examination in the past year? (If yes, please provide details of any findings or results)?	N	N

B. Detailed information in case any of the questions in section (A) is ticked 'Yes'.

(Please send us medical documents along with this application form.)

C. Lifestyle Information

Does any person proposed to be insured smoke or consume Gutka/Pan Masala or Alcohol? ☐ Yes ☒ No

7. Payment Details:

Name of the Premium Payer:
(If different from proposer)

Relationship with the Proposer:
(If different from proposer)

Premium Amount (in ₹):

Instrument type: ☐ Cash ☐ Cheque ☐ Debit Card ☐ Credit Card ☐ Others

Please make a Crossed Cheque/DD/Pay Order in favour of 'TATA AIG General Insurance Company Limited' only

Sources of funds: ☐ Salary ☐ Business ☐ Others

AML Guidelines:

- I/We hereby confirm that all premiums paid/payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I/we understand that the Company has the right to call for documents to establish sources of funds and to cancel the Insurance Policy in case I/we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
- I/We are not Politically Exposed Persons ** nor are their close relatives/family members/associates. I/We shall keep the company informed if we subsequently become a Politically Exposed Person(s).
***"Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

Type of Organization Making the Payment (Please Tick):

- | | | |
|---|--|--|
| <input type="checkbox"/> Limited Company | <input type="checkbox"/> Government Organization | <input type="checkbox"/> Non-Governmental Organization (NGO) |
| <input type="checkbox"/> Society | <input type="checkbox"/> Trust | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> International Organization | <input type="checkbox"/> Cooperatives | <input type="checkbox"/> Section 25 Company |

Signature of Proposer: Shalini Verma

Date: 04/12/2024

8. Bank Details (Required For Refund/Claims):

As per Regulatory requirements, we can effect payment of refund/claims only through Electronic Clearing System (ECS)/ National Electronics Funds Transfer (NEFT)/Real Time Gross Settlement (RGTS)/Interbank Mobile Payment Service (IMPS).

For this purpose, please submit the following details of the proposer's bank account.

Name of the Account Holder	-
Name of the Bank	
Branch Bank	-
Account No.	
Bank IFSC Code	
Account Type	<input type="checkbox"/> SB Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others(please specify) :

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9. Declaration & Warranty on Behalf of all Persons Proposed to be Insured:

- I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory Authority.

Signature of Proposer: Shalini Verma **Date:** 04/12/2024

☐ I understand that I will receive digital copy of my Policy and service-related communication. However, I would prefer to also receive the physical copy of my Policy and service-related communication and I want these documents to be shared via postal mail to the address as mentioned in this Proposal Form.

10. Declaration/Vernacular Declaration:

The content of this form along with product benefits, Terms and Conditions and exclusions have been clearly explained to me. I/We have understood these and confirm to abide by the policy Terms and Conditions.

Signature of Proposer: Shalini Verma
Name & Signature of Agent/Intermediary with Code: UAT RETAIL HEALTH & 8826000979

Vernacular Declaration (Certification in case the proposer has signed in Vernacular/Thumb print).

The content of this form along with product benefits, Terms and Conditions, and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb Impression of the Proposer: Shalini Verma
Name & Signature of Agent/Intermediary: UAT RETAIL HEALTH & 8826000979

11. Agent Declaration:

I, UAT RETAIL HEALTH in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s) / information / response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.(Intermediary/Corporate Agent/Broker/Relationship Officer) : 646565758

Name of the specified Person and code : UAT RETAIL HEALTH & 8826000979

Place: MUMBAI

Date : 04/12/2024

Signature of Agent : UAT RETAIL HEALTH

12. Section 41 of Insurance Act 1938 (Prohibition of Rebates) as amended by Insurance Laws (Amendment) Act, 2015

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

13. For Office Use Only

TATA AIG Office Code		Intermediary Code and Name	
Branch Receipt Date		Channel Type	
Business Type		Customer ID	



WITH YOU ALWAYS

TATA AIG MediCare Premier



14. Acknowledgement (To Be Given To Customer)

Proposal No.	PTE/BT/28554/7030000883	Date	04/12/2024
Name of the Proposer	Shalini Verma		

We acknowledge with thanks the receipt of your Proposal for TATA AIG MediCare Premier and amount by cheque/Demand Draft/others of amount of ₹ 25178. Neither the submission to us of a completed Proposal for Insurance nor any payment towards this application obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a Proposal for Insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if Proposal is not accepted by us or you do not accept the terms of counter offer or premium is not received by us in full and in time, or non fulfilments of Pre-Policy Check-up and/or additional information requested by us. We shall have no liability to make any payment under the Policy if Proposal is under process & claim arises in the interim period before the decision on the Proposal is given by us. In case of counter offer you need to revert to us with consent and additional premium (if any), within 15 days of the issuance of such Counter Offer Letter. In case, you neither accept the counter offer nor revert to us within 15 days, we shall cancel application and refund the amount paid against this Proposal without interest subject to deduction of the Pre-Policy Check up charges, as applicable. If we do not accept the Proposal, we will inform you and refund any payment received from you without interest within next 10 days subject to deduction of the Pre-Policy Check-up charges, as applicable.

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WITH YOU ALWAYS

TATA AIG MediCare Premier



TATA AIG MediCare Premier



Name : Shalini Verma
Age : 32
Gender : FEMALE
Policy No. : 7033333606
From : 11/12/2024
To : 10/12/2025
Member ID : IDV00213748201032

Please refer to our website or mobile application to know the list of cashless network hospitals and excluded hospitals

TAGIC Health Claims TATA AIG GENERAL INSURANCE COMPANY LIMITED

5th and 6th Floor, Imperial Towers, H. No 7-1-6-617/A, GHMC No.: 615, 616, Ameerpet,
Hyderabad - 500016, Telangana, Toll Free No.: 18002667780, Website: www.tataaig.com
Email: healthclaimsupport@tataaig.com, TATA AIG MediCare Premier UIN: TATHLIP24159V042324

Terms and Conditions



1. Pre-authorization is compulsory from us prior to all planned admission and within 24 hours for emergencies.
2. Admission for investigation/evaluation not covered.
3. All terms and conditions of the Policy would be applicable
4. Please refer to TATA AIG General Insurance customer guidebook for further details.
5. Cashless hospitalization in network hospital can be obtained in conjunction with this card, an authorization letter issued by us and photo identification such as voters ID, driving license, passport, etc.
6. Photo ID proof to be presented with this card at the time of availing benefits.

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TATA AIG MediCare Premier



Name : Spouse Test
Age : 33
Gender : MALE
Policy No. : 7033333606
From : 11/12/2024
To : 10/12/2025
Member ID : IDV00213748202033

Please refer to our website or mobile application to know the list of cashless network hospitals and excluded hospitals

TAGIC Health Claims TATA AIG GENERAL INSURANCE COMPANY LIMITED

5th and 6th Floor, Imperial Towers, H. No 7-1-6-617/A, GHMC No.: 615, 616, Ameerpet,
Hyderabad - 500016, Telangana, Toll Free No.: 18002667780, Website: www.tataaig.com
Email: healthclaimsupport@tataaig.com, TATA AIG MediCare Premier UIN: TATHLIP24159V042324

Terms and Conditions



1. Pre-authorization is compulsory from us prior to all planned admission and within 24 hours for emergencies.
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5. Cashless hospitalization in network hospital can be obtained in conjunction with this card, an authorization letter issued by us and photo identification such as voters ID, driving license, passport, etc.
6. Photo ID proof to be presented with this card at the time of availing benefits.

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Customer Information Sheet/Know Your Policy

Important details concerning your Policy are provided in this document. It is also advisable that you review your Policy document.

Sr.No.	Title	Description	Policy Clause No.					
1.	Name of the Insurance Policy	TATA AIG MediCare Premier						
2.	Policy Number	7033333606						
3.	Type of Insurance Product/Policy	The Policy offers both indemnity (protection for actual covered losses),and benefit (which pays a pre-determined amount upon the occurrence of a covered event).						
4.	Sum Insured(Basis) (Along with Amount)	<table><tr><td>Member Name</td><td>Sum Insured</td></tr><tr><td>Shalini Verma</td><td rowspan="2">1000000</td></tr><tr><td>Spouse Test</td></tr></table>	Member Name	Sum Insured	Shalini Verma	1000000	Spouse Test	
		Member Name	Sum Insured					
		Shalini Verma	1000000					
		Spouse Test						
Floater Sum Insured- Where all members under the policy have a single sum insured limit which may be utilized by any or all members. Sum Insured represents our maximum, total and cumulative liability (in excess of deductible) under the Policy, for all the Insured Person(s) covered in aggregate, for the respective Policy Year.								
5.	Policy Coverage (What the Policy Covers?)	<p>B1. In-Patient Treatment - Covers hospitalization expenses for period more than 24 hrs.</p> <p>B2. Pre-Hospitalization Expenses - Medical expenses incurred in 60 days before the date of admission to the hospital.</p> <p>B3. Post-Hospitalization Expenses - Medical Expenses incurred after the date of discharge from the hospital for number of days as mentioned in the Policy Schedule. Upto 15 physiotherapy sessions at home within India, wherever available, for sum insured ₹75 Lacs and above.</p> <p>B4. Day Care Procedures - Medical expenses for listed Day Care Treatment due to disease/illness/Injury during the policy period taken at a hospital or a Day Care Centre.</p> <p>B5. Organ Donor - Medical expenses on harvesting the organ from the donor for organ transplantation.</p> <p>B6. Domiciliary Treatment - Medical expenses incurred for availing medical treatment at home which would otherwise have required hospitalization. We will also cover pre and post hospitalization expenses in case of domiciliary hospitalization.</p>	Section (2)					

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		<p>B7. Restore Benefit - Automatically restore the Basic Sum Insured if the Sum Insured and accrued Cumulative Bonus is insufficient to pay a claim, during the policy year.</p> <p>B8. AYUSH Benefit - We will cover Medical Expenses incurred for treatment as In-Patient or Day Care Treatment in an AYUSH Hospital/ AYUSH day care centre.</p> <p>This benefit shall also cover Pre-Hospitalization medical expenses for a period of upto 60 days before the date of admission to the AYUSH hospital/AYUSH Day Care Centre and Post-Hospitalization Medical Expenses for a period upto number of days as specified in the Policy Schedule, subject to AYUSH In-Patient hospitalization or AYUSH Day Care Treatment claim being admissible under this benefit.</p> <p>Claims under this section shall be assessed as per the applicable insurance guidelines related to AYUSH and benchmark rates as available on Ministry of AYUSH website (https://ayushnext.ayush.gov.in/site/insurance-guidelines-related-to-ayush).</p> <p>B9. Ambulance Cover - For utilizing ambulance service for transporting insured person to hospital in case of an emergency as per limit mentioned in the Policy Schedule.</p> <p>B10. Health Checkup - Expenses for a Preventive Health Check-up upto 1% of policy sum insured subject to limit mentioned in the Policy Schedule.</p> <p>B11. Compassionate Travel - Domestic: In the event the Insured Person is Hospitalized in India for more than Five consecutive days in a place where no adult member of his immediate family is present, we will cover for expenses related to a round trip economy class air ticket, or first-class railway ticket, to allow the Immediate Family Member be at his bedside for the duration of his stay in the hospital.</p> <p>Global (Applicable for sum insured above ₹50 Lacs): In the event the Insured person is hospitalized outside India and claim is admissible under section B13 (Global cover for Planned Hospitalization) of this policy, We will cover expenses related to round trip economy class air ticket, to allow the Immediate Family Member to accompany the Insured person for the purpose of planned treatment outside India.</p> <p>B12. Consumables Benefit - We will pay for expenses incurred, for specified consumables listed in 'Annexure - 1 List 1 as Optional items for which optional cover may be offered by insurers' which are consumed during the period of hospitalization directly related to the insured's medical or surgical treatment of illness/disease/injury. Details of Annexure I-List I-Optional items are available on our website (www.tataaig.com).</p>	
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B13. Global Cover for Planned Hospitalisation -

- a. Medical Expenses of the Insured Person incurred outside India, upto the sum insured provided that the diagnosis was made in India and the insured travels abroad for treatment.
- b. Reasonable and customary expenses incurred towards obtaining visa for medical treatment of the insured person travelling abroad, if applicable.

Please note that, B13. 'Global Cover for Planned Hospitalization' as a Benefit is:

- a. Not available under this policy and no claim shall be admissible under this section where either the policyholder or any of the Insured Person(s) is a Foreign National or their Residence Status at the time of proposal or anytime during the policy period/ renewal is:
 - Non-Resident Indian (NRI); or
 - Overseas Citizen of India (OCI)
- b. Not available under this Policy and no claim shall be admissible under this section, if the Policyholder or any of the Insured Person(s), as a Resident Indian National, has agreed to opt out of this Benefit at the time of proposal or at renewal.

You are eligible for a premium discount as specified in the prospectus in case this special condition, as mentioned above, is applicable to You/Insured Person(s).

B14. Bariatric Surgery Cover - Covers reasonable and customary expenses for Bariatric surgery if the Insured fulfills:

- a. Surgery to be conducted upon the advice of the Doctor
- b. The member has to be 18 years of age or older and
- c. BMI greater than or equal to 40 or
- d. BMI greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Severe sleep apnea,
 - iii. Uncontrolled Type2 Diabetes, or
 - iv. Coronary heart disease

B15. In-Patient Treatment- Dental- Covers expenses incurred towards hospitalization for dental treatment under anesthesia necessitated due to an accident/injury/illness.

B16. Vaccination Cover - We will cover for expenses related to the cost of the following vaccines:

Basic Sum Insured	Vaccines Covered
Up to ₹50 Lacs	Without any waiting period: - Anti-Rabies Vaccine Following an Animal Bite - Typhoid Vaccination After 2 years of continuous coverage with us: - Human Papilloma Virus (HPV) Vaccine - Hepatitis B Vaccine
₹75 Lacs to ₹3 Crore	Without any waiting period: - Anti-Rabies Vaccine Following an Animal Bite - Typhoid Vaccination After 2 years of continuous coverage with us: - Human Papilloma Virus (HPV) Vaccine - Hepatitis A Vaccine - Hepatitis B Vaccine - Tetanus, Diphtheria, Pertussis - Pneumococcal

B17. Hearing Aid - We will cover reasonable charges for a hearing aid every third year. The maximum payable is 50% of actual cost or ₹10,000/- per policy, whichever is lower.

B18. Daily Cash for Choosing Shared Accommodation - We will pay a fixed amount per day as mentioned in the policy schedule if the Insured Person is Hospitalized in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours.

B19. Health Check up Daily Cash for Accompanying an Insured Child - We will pay a fixed amount per day, as mentioned in the Policy schedule, if the Insured Person Hospitalized is a child Aged 12 years or less, for one accompanying adult for each complete period of 24 hours.

B20. Second Opinion - We will provide You a second opinion from Network Provider or Medical Practitioner, if an Insured Person is diagnosed with the mentioned Illnesses during the Policy Period.

B21. Maternity Cover - We will cover Maternity Expenses after a waiting period of 4 years of continuous coverage under this policy up to the limit mentioned in the Policy Schedule.

		<p>B22. Delivery Complications Cover - We will cover medical expenses incurred for the medically necessary treatment of the new born baby for complications related to delivery, up to the limit mentioned in the Policy Schedule.</p> <p>This benefit will trigger only in case where we have admitted the maternity claim.</p> <p>B23. First year Vaccinations - We will pay for vaccination expenses for up to one year after the birth of the child subject to a limit of ₹10,000/- (₹15,000/- in case of girl child) provided the child is covered with us. This benefit will trigger only in case where we have admitted the maternity claim.</p> <p>B24. Prolonged Hospitalization Benefit - We will pay a fixed amount of 1% of sum insured, in the event of insured hospitalized for a disease/illness/injury for a continuous period exceeding 10 days.</p> <p>B25. High End Diagnostics - We will pay the insured for the following diagnostic tests on OPD basis if required as part of a treatment subject to limit mentioned in the Policy Schedule:</p> <ul style="list-style-type: none"> a. Brain Perfusion imaging b. CT guided Biopsy c. CT Urography d. Digital Subtraction Angiography (DSA) e. Liver Biopsy f. Magnetic Resonance Cholangiography Scan g. PET CT h. PET MRI i. Renogram <p>B26. OPD Treatment - Once the insured has completed two years of continuous coverage with us, we will pay for expenses related to consultations and pharmacy subject to the limit mentioned in the Policy Schedule and subject to policy terms and conditions.</p> <p>B27. OPD Treatment - Dental - Once the insured has completed two years of continuous coverage with us, we will pay for expenses related to the following dental treatments subject to the limit mentioned in the Policy Schedule:</p> <ul style="list-style-type: none"> a. Root Canal Treatment (Single or multiple sittings) b. Tooth extraction(s) c. Filling <p>B28. Emergency Air Ambulance Cover - We will pay for ambulance transportation of the insured person in an airplane or helicopter subject to the limit mentioned in the Policy Schedule, for emergency life threatening health conditions which require immediate and rapid ambulance transportation to the hospital/medical centre for further medical management.</p>	
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		<p>B29. Accidental Death Benefit - If an Insured Person suffers an accident during the policy period and this is the sole and direct cause of his death within 365 days from the date of accident, then we will pay a fixed amount of 100% of the base Sum Insured, maximum up to ₹50 Lacs. This benefit is not applicable for dependent children covered in the policy.</p> <p>B30. Cumulative Bonus - 50% increase in cumulative bonus for every claim free year. In the case a claim is made during the policy year, the cumulative bonus would reduce by 50% in the following year. Alternately, No Claim Discount in premium can be opted, in which case policy will not be entitled for Cumulative Bonus.</p> <p>B31. Home Care Treatment Cover (Applicable only for Sum Insured ₹75 Lacs and above) - We will pay reasonable and customary medical expenses incurred for treatment taken at home, for conditions/illness specified in the policy, maximum upto the sum insured, for the Insured Person's medically necessary treatment at home. In case of Pandemic Care at home coverage is available for a maximum period of 15 days and maximum upto 25% of the base sum insured excluding cumulative bonus.</p> <p>B32. Wellness Services - We/Our Empanelled Service Provider will provide below mentioned wellness services:</p> <ul style="list-style-type: none"> a. Teleconsultation - General b. Teleconsultation - Speciality c. Ambulance Booking Facility d. Emergency - Help Me Feature e. Redeemable Voucher/Discount on Services f. Health Condition Management <p>B33. Wellness Program - We/Our empanelled service provider will provide a wellness program designed to promote wellness and fitness amongst the insured persons through:</p> <ul style="list-style-type: none"> a. Health Risk Assessment b. Wellness Rewards 	
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6.	Exclusions	Standard Exclusion	Section (3)
		<p>1. Medical Exclusions</p> <ul style="list-style-type: none"> I. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code - Excl 12) II. Expenses related to surgical treatment of obesity that does not fulfil the conditions as mentioned in the policy wordings, section 3 (Code - Excl 06) III. Investigation and Evaluation (Code - Excl 04) IV. Expenses Related to Sterility and Infertility (Code - Excl 17) V. Refractive Error (Code - Excl 15) VI. Change-of-Gender Treatments (Code - Excl 07) VII. Cosmetic or Plastic Surgery (Code - Excl 08) VIII. Rest Cure, Rehabilitation and Respite Care (Code - Excl 05) IX. Unproven Treatments (Code - Excl 16) X. Maternity (Code - Excl 18) XI. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code - Excl 13) XII. Dietary supplements and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Code - Excl 14) <p>2. Non-Medical Exclusions</p> <ul style="list-style-type: none"> I. Hazardous or Adventure Sports (Code - Excl 09) II. Breach of Law (Code - Excl 10) III. Excluded Providers (Code - Excl 11) <p>Specific Exclusions (Exclusions other than as those mentioned above)</p> <p>1. Medical Exclusions</p> <ul style="list-style-type: none"> I. Alcoholic Pancreatitis; II. Congenital External Diseases, Defects or Anomalies; III. Stem Cell Therapy; IV. Growth Hormone Therapy; V. Sleep-Apnea; 	

		<p>VI. Admission primarily for administration of Intra-articular or intra-lesional injections or Intravenous immunoglobulin infusion or supplementary medications</p> <p>VII. Venereal Disease, Sexually Transmitted Disease or Illness;</p> <p>VIII.All Preventive Care</p> <p>IX. Dental treatment or surgery of any kind except specified in 'Inpatient Treatment – Dental';</p> <p>X. Any existing disease specifically mentioned as Permanent Exclusion in the Policy Schedule.</p> <p>2.Non-Medical Exclusions</p> <p>I. War or any act of war, invasion, act of foreign enemy, war like operations.</p> <p>II. Any Insured Person's participation or involvement in naval, military or air force operation.</p> <p>III. Intentional self-Injury or attempted suicide while sane or insane.</p> <p>IV. Items of personal comfort and convenience.</p> <p>V. Treatment rendered by a Medical Practitioner which is outside his discipline.</p> <p>VI. Doctor's fees charged by the Medical Practitioner sharing the same residence as an Insured Person or who is an immediate relative of an Insured Person's family.</p> <p>VII. Provision or fitting of hearing aids, spectacles or contact lenses including Optometric Therapy unless explicitly stated and covered in the policy.</p> <p>VIII.Any treatment and associated expenses for alopecia, baldness, wigs or toupees, medical supplies.</p> <p>IX. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.</p> <p>X. Crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively and explicitly stated and covered in the policy).</p> <p>XI. Any illness diagnosed or injury sustained or where there is change in health status of the member after date of proposal and before commencement of policy and the same is not communicated and accepted by us.</p> <p>This is a summary of exclusions. For detailed exclusions, please refer Policy wordings (Section 3).</p>	
7.	Waiting Period	<p>I. Initial Waiting Period of 30 Days for all Illnesses (not applicable for accidents or on renewals)</p> <p>II. Specified Waiting Periods (Not applicable for claims arising due to an accident) of 24 Months for 40 Listed Diseases/Procedure</p> <p>III. Pre-existing Disease Covered After 24 Months</p>	Section (3)

<p>8.</p>	<p>Financial Limits of Coverage</p> <ul style="list-style-type: none"> • Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) • Co-payment (it is a specified amount/percentage of the admissible claim amount to be paid by policy holder/insured) • Deductible (It is a specified amount): <ul style="list-style-type: none"> - Up to which an insurance company will not pay any claim, and - Which will be deducted from total claim amount (if claim amount is more than the specified amount) 	<p>The Policy will pay only up to the limits specified hereunder for the following Diseases/Procedures</p> <p>Sub-limit:</p> <p><u>Benefit Specific Sub-limit:</u></p> <ul style="list-style-type: none"> • Ambulance Cover - For limits applicable to you, please refer your Policy Schedule • Maternity Cover - For limits applicable to you, please refer your Policy Schedule • Delivery Complications Cover - For limits applicable to you, please refer your Policy Schedule • First year Vaccinations <p>Upto ₹10,000/- provided the child is covered with us. In case of girl child, applicable limit under this coverage would be ₹15,000/-.</p> <p>Any Other limit:</p> <ul style="list-style-type: none"> • In-Patient Treatment Up to Sum Insured • Pre-Hospitalization Expenses Upto 60 days, Up to Sum Insured • Post-Hospitalization Expenses Upto 90 days, Up to Sum Insured. For number of days applicable to you, please refer your Policy Schedule. • Day Care Procedures Up to Sum Insured • Organ Donor Up to Sum Insured • Domiciliary Treatment Up to Sum Insured • AYUSH Benefit Up to Sum Insured • Health Checkup - Up to 1% of Previous Sum Insured Subject to a Maximum of ₹10,000/- Per Policy (over and above base Sum Insured). For maximum limit applicable to you, please refer your Policy Schedule. • Compassionate Travel - (Over and above base Sum Insured). For limits applicable to you, please refer your Policy Schedule. • Consumables Benefit Upto Sum Insured • Global Cover for Planned - Upto Sum Insured. For cover applicable to you, please refer your Policy Schedule. • Hospitalization - Upto Sum Insured • Bariatric Surgery Cover: Up to Sum Insured • In-Patient Treatment – Dental Upto Sum Insured • Vaccination Cover - Upto Sum Insured (Over and above base Sum Insured) • Hearing Aid: Up to 50% of actual cost or ₹10,000/- per policy, whichever is lower. (Over and above base sum Insured) • Daily Cash for choosing Shared Accommodation: Up to 0.25% of base sum insured and a maximum of ₹2000 per day (over and above base sum Insured). 	<p>Section (2) & Section (4)</p>
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- Daily Cash for Accompanying an Insured Child: Up to 0.25% of base sum insured and a maximum of ₹ 2000 per day (over and above base Sum Insured).
- Prolonged Hospitalization Benefit – 1% of Sum Insured (over and above base Sum Insured)
- High End Diagnostics - (Over and above base sum insured). **For limits applicable to you, please refer your Policy Schedule.**
- OPD Treatment - (Over and above base sum insured). **For limits applicable to you, please refer your Policy Schedule.**
- OPD Treatment - Dental - (Over and above base sum insured). **For limits applicable to you, please refer your Policy Schedule.**
- Emergency Air Ambulance Cover- (Over and above base sum insured) **For limits applicable to you, please refer your Policy Schedule.**
- Accidental Death Benefit - 100% of base Sum Insured, maximum Upto ₹50 Lacs (Over and above base sum insured)
- Home Care Treatment Cover (Applicable only for Sum Insured ₹75 Lacs and above) For limits applicable to you, please refer your Policy Schedule

Rider(s) for TATA AIG MediCare Premier UIN TATHLIP24159V042324 (For Rider cover(s) applicable to you please refer Policy Schedule. For applicability of the Rider(s), applicable cover(s), terms and conditions, please refer Rider Wordings):

Restore Infinity Plus

1. Flexi Shield UIN: TATHLIA25039V012425
 - i. Restore Infinity Plus
Applicable

Mental Wellbeing

1. Mental Wellbeing UIN: TATHLIA25037V012425
 - i. Mental Health Screening
Once every policy year for listed tests, only on Cashless basis
 - ii. Psychological Therapy and Procedures
Maximum Upto 10 sessions per person in a policy year, only on Cashless basis
 - iii. Diet Consultation
Maximum Upto 4 sessions per person in a policy year, only on Cashless basis
 - iv. Vocation Rehabilitation
Up to base Sum Insured, Over and above the base Sum Insured, Maximum upto 30 days
 - v. Stress Management
Available

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office : Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India.
 24x7 Toll Free No.: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com
 IRDA of India Registration No: 108 • CIN: U85110MH2000PLC128425 • TATA AIG MediCare Premier • UIN: TATHLIP24159V042324

		vi. Addiction Cessation Program Available	
9.	Claims/Claims Procedure	<p>Claim procedure:</p> <p><u>For Cashless Service:</u></p> <ol style="list-style-type: none"> 1. If any planned treatment, consultation or procedure for which a claim may be made then the Insured must notify us at least 48 hours before the planned Hospitalization. 2. If any treatment, consultation or procedure for which a claim may be made, requiring emergency Hospitalization, then the insured must notify us within 24 hours after the treatment or Hospitalization. 3. You have to provide the ID card issued to you along with any other information or documentation that is requested by the TPA/Us to the Network Hospital. <p>For Reimbursement of Claim:</p> <ol style="list-style-type: none"> 1. Please intimate our TPA/Us within 7 days of completion of treatment, consultation or procedure. 2. Please submit claim documents to our TPA/Us within 15 days of occurrence of incident. <p>Kindly sent the claim documents to: TATA AIG General Insurance Company Limited, 5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A, GHMC No - 615,616, Ameerpet, Hyderabad - 500016, Telangana, Phone-040-66864900</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p>TAT for pre-authorisation of cashless facility and for cashless final bill authorisation shall be as prescribed by the Regulatory under the Master Circular on IRDAI (Insurance Products) Regulations 2024 - Health Insurance Ref. IRDAI/HLT/CIR/PRO/84/5/2024 and its subsequent amendments thereof.</p> <p>Assistance:</p> <ol style="list-style-type: none"> 1. Please refer to our website www.tataaig.com or call us on our toll free number at 1800-266-7780 to get details on our empanelled hospitals and list of Excluded providers/ blacklisted hospitals. 2. Helpline number: Toll Free: 1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders) 3. Please refer our website www.tataaig.com to download claim form 	Section (5)
10.	Policy Servicing	Toll Free: 1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders)	Section (4)

11.	Grievances/ Complaints	<p><u>Redressal of Grievance:</u></p> <p>In case of any grievance the insured person may contact the company through</p> <ul style="list-style-type: none"> Website: www.tataaig.com Toll Free: 1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders) Email: customersupport@tataaig.com Courier: Customer Support, TATA AIG General Insurance Company Limited, 7 and 8 Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063 <p>Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.</p> <p><u>Escalation Level 1:</u></p> <ul style="list-style-type: none"> If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at manager.customersupport@tataaig.com. <p>For updated details of grievance officer, kindly refer the link (https://www.tataaig.com/grievance-redressal-policy)</p> <p><u>Escalation Level 2:</u></p> <ul style="list-style-type: none"> If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region (details as mentioned in the annexure 'A' of this policy) for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged on the Bima Bharosa Grievance Redressal Portal of IRDAI (https://bimabharosa.irdai.gov.in/) 	Section (4)
12.	Things to remember	<p><u>Free Look Period:</u></p> <p>The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured person shall be allowed free look period of thirty days from date of receipt of the policy document, whether received electronically or otherwise, to review the terms and conditions of the policy, and to return the same if not acceptable. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to:</p> <p>A refund of the premium paid subject to deduction of proportionate risk premium for the period of cover and the expenses, if any, incurred by us on medical examination of the proposer and stump duty charges.</p>	Section (4)

Policy Renewal:

The Policy shall ordinarily be renewable except on grounds of established fraud, misrepresentation and non-disclosure by the insured person.

- I. Renewal shall not be denied on the ground that the insured person had made a claim or claim(s) in the preceding policy years.
- II. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- III. Single premium payment mode Policy can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the Grace Period after the end of the Policy Period . If not renewed under the Grace Period, the Policy shall terminate at the end of the Grace Period.
- IV. The Grace Period for payment of the premium during the Policy Period, for instalment premium shall be fifteen (15) days where premium payment mode is monthly.
- V. Coverage during such Grace Period (in case of instalment premium):
 - a. Within the Policy Period - Coverage will be available from the due date of instalment premium till the date of receipt of premium by company within the Grace Period.
 - b. At the end of the Policy Period - The Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in Policy. Coverage is not available during the Grace Period after the end of the Policy Period.
- VI. The Insured Person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated Grace Period.
- VII. No loading shall apply on renewals based on individual claims experience.

Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for migration of the Policy at least 30 days before the Policy renewal date as per IRDAI guidelines on migration.

		<p>For detailed guidelines on migration, kindly refer Insurance Regulatory and Development Authority of India (Insurance Products) Regulations, 2024 F. No. IRDAI/Reg/8/202/2024 dated 20th March, 2024 and Master Circular on IRDAI (Insurance Products) Regulations 2024 - Health Insurance Ref: IRDAI/HLT/CIR/PRO/84/5/ 2024 dated 29th May 2024 and their subsequent amendments thereof.</p> <p>Portability</p> <p>The Insured Person will have the option to port the Policy to other Insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability.</p> <p>For detailed guidelines on portability, kindly refer Insurance Regulatory and Development Authority of India (Insurance Products) Regulations, 2024 F. No. IRDAI/Reg/8/202/2024 dated 20th March, 2024 and Master Circular on IRDAI (Insurance Products) Regulations 2024 - Health Insurance Ref: IRDAI/HLT/CIR/PRO/84/5/ 2024 dated 29th May 2024 and their subsequent amendments thereof.</p> <p>Moratorium Period</p> <p>After completion of five continuous years under the Policy no look back to be applied. This period of five years is called as Moratorium Period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.</p>	
13.	Your Obligations:	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid and termination of Your policy.	

Declaration by the Policy Holder : Shalini Verma

I have read the above and confirm having noted the details.

Place: CENTRAL DELHI

Date: 11/12/2024

Shalini Verma

(Signature of the Policyholder)

Note:- In the event of no response from your end within 7 days of this Customer Information Sheet Receipt, it will be deemed that you have read the aforementioned document and confirmed having noted the details.