

Fedfina MSE LAP - GHI Combo - Certificate of Insurance

Policy Issuing Office	10th Floor, R-Tech Park, Nirlon Compound, Goregaon-East, Mumbai-400063	Policy Servicing Office	G B Rain Tree Place No-7 MC Nichols Road ChetpetCHENNAITAMIL NADU600031
Master Policy Number	71-20-00035-00-00	Certificate Number	GHI-XL-AS-68185634
Master Policy Holder Name	-		
Product Name	Fedfina MSE LAP - GHI Combo		
Plan Name	GHI Combo - Group Health Insurance	Member Id	HIN100011795
Name of Insured Person Residential Address of Insured Person	Hemant Shah G B Rain Tree Place No-7 MC Nichols Road ChetpetCHENNAITAMIL NADU600031	Unique Identification Number	KL0156651651
Contact Details	9619902090		

Start date & Time of Master Policy	00:01 hrs 14/02/2022
Expiry Date & Time of Master Policy	23:59 on 13/02/2023
Period of Insurance	
Inception Date	00:01 hrs 14/02/2022
End Date	23:59 on 13/02/2023

Insured Person Detail

Insured Person	Date of Birth	Gender	Nominee	Relationship	Sum Insured
Mr fghfhfghgf fhfghfg	1995-06-14	Male	ergdgbd dgdfgdf	Self	100000
Mr ergdgbd dgdfgdf	2018-10-25	Male	ergdgbd dgdfgdf	Son	100000

Benefit Description

Group Mediclaim	Refer Coverage Details
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Policy Exclusions

Group Mediclaim	As per Annexure I
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Premium Details

Particulars	Amount
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Net Premium	500
CGST (9%)	22
SGST / UTGST (9%)	22
IGST (18%)	22
Gross Premium	522
Premium payment mode	Monthly

GST Registration
127AANCA4062G1ZN

Category: **General Insurance**

SAC Code: **997133**

Claim Process

Please contact us through any of these Modes	Address for Correspondence	Aditya Birla Health Insurance Co. Limited Claims Dept. 5th floor, C building, Modi Business Centre, Kasarvadavali, Mumbai, Thane West 400 615
	Contact Number	1800 270 7000
	Email ID	care.healthinsurance@adityabirlacapital.com

Grievance Redressal

In case of a grievance, the Insured Person/ Policyholder can contact Us with the details through our website:

www.adityabirlacapital.com, Email: care.healthinsurance@adityabirlacapital.com or Toll Free : 1800 270 7000. Address: Any of Our Branch office or Corporate office. For senior citizens, please contact respective branch office of the Company or call at 1800 270 7000 or write an e- mail at seniorcitizen.healthinsurance@adityabirlacapital.com. The Insured Person can also walk-in and approach the grievance cell at any of Our branches. If in case the Insured Person is not satisfied with the response, then they can contact Our Head of Customer Service at the following email carehead.healthinsurance@adityabirlacapital.com. If the Insured Person is still not satisfied with Our redressal, he/she may approach the nearest Insurance Ombudsman. The contact details of the Ombudsman offices are provided on Our website and in the Policy

PREMIUM CERTIFICATE

Premium Certificate is for the purpose of deduction under Section 80-(D) of Income Tax (Amendment) Act 1986.

This is to certify that paid INR towards Premium for Health Insurance for the Period from 00:01 on to midnight .

Instrument Number	Instrument Date	Amount	Name of the Bank
Inst74567890	22-10-2019	522	Citibank

Stamp Duty :- The stamp duty of INR 1/- paid vide MH011444489201920M dated 01/02/2020, received from Stamp Duty Authorities vide Receipt No./ GRASS DEFACE NO 0006038796201920 dated 05/02/2020, payment has been made vide Letter of Authorisation No. CSD/315/2020/862/2020 dated 27/02/2020 from Main Stamp Duty Office.

Master Policy Number: 71-20-00035-00-00

Certificate Number: GHI-XL-AS-68185634

Date: 23-10-2019

Place: Mumbai

Note : Amount is inclusive of all taxes and cesses as applicable. This certificate must be surrendered to the Insurance Company for issuance of fresh certificate in case of cancellation of Master Policy or any alteration in the insurance affecting

Company for issuance of fresh certificate in case of cancellation or modification of any alteration in the insurance affecting the premium

Section II : Base Covers

	Base Covers	Coverage
1.1	In-patient Hospitalization	INR 5000000
1.2	Day Care Treatment	527 listed procedures
1.3	Domiciliary Hospitalization	Covered upto full Sum Insured
1.4	Pre - hospitalization Medical Expenses	60 days
1.5	Post - hospitalization Medical Expenses	90 days
1.6	Organ Donor Expenses	Covered up to full Sum Insured
1.7	Road Ambulance Expenses	Covered up to Rs. 2500 in case of emergency

Section IV : Waivers and Discounts

41	Pre - Existing Disease Waiting Period	Covered after waiting period of 2 years Pre-Existing illness waiting period for ABCD conditions: ABCD conditions will be covered after initial waiting period of 30 days and Juvenile conditions will not be payable in the policy. (A= Asthma, B= Blood Pressure, C= Cholesterol & D=Diabetes)
42	Two Year Waiting Period	2 Yrs applicable as define in ABHI Group Health policy
43	30 Days Waiting Period	Applicable

Pre Existing Disease

Member Name	Relationship	Pre Existing Disease
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Annexure I - Permanent Exclusion

<p>We shall not be liable to make any payment for any claim under any Benefit in respect of any Insured Person directly or indirectly caused by, based on, arising out of, relating to or howsoever attributable to any of the following:</p> <p>1. Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, uprising, revolution, insurrection, military or usurped acts, nuclear weapons / materials, chemical and biological weapons, ionizing radiation, contamination by radioactive material or radiation of any kind, nuclear fuel, nuclear waste</p> <p>2. Committing or attempting to commit a breach of law with criminal intent, intentional self- injury or attempted suicide while Insured Person is sane or insane</p> <p>3. Willful or deliberate exposure to danger, intentional self- Injury, non- adherence to Medical Advice, participation or involvement in naval, military or air force operation, circus personnel, racing in wheels or horseback, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, bungee jumping, parasailing, ballooning, skydiving, river rafting, polo, snow and ice sports in a professional or semi- professional nature</p> <p>4. Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies</p> <p>5. Weight management programs or treatment in relation to the same including vitamins and</p>	<p>25. Venereal disease, all sexually transmitted disease or illness including but not limited to genital warts, Syphilis, Gonorrhea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis</p> <p>26. "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human Immunodeficiency Virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS Related Complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis</p> <p>27. Complications arising out of pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy for In-patient only</p> <p>28. Treatment for sterility, infertility, sub-fertility or other related conditions and complications arising out of the same, assisted conception, surrogate or vicarious pregnancy, birth control, and similar procedures contraceptive supplies or services including complications arising due to supplying services</p> <p>29. Expenses for organ donor screening, or save as and to the extent provided for in the treatment of the donor (including Surgery to remove organs from a donor in the case of transplant Surgery)</p> <p>30. Admission for Organ Transplant but not compliant under the Transplantation of Human Organs Act, 1994 (amended)</p> <p>31. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities</p> <p>32. Dentures and artificial teeth, Dental Treatment and Surgery of any kind, unless requiring H</p>
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5. Weight management programs or treatment related to the same including vitamins and tonics, treatment of obesity (including morbid obesity)

6. Treatment for correction of eye sight due to refractive error including routine examination

7. All routine examinations and preventive health check-ups

8. Cosmetic, aesthetic and re-shaping treatments and Surgeries:

9. Plastic Surgery or cosmetic Surgery or treatments to change appearance unless medically required and certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns

10. Circumcisions (unless necessitated by illness or injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations

11. Non-allopathic treatment, except as per coverage of AYUSH Treatment

12. Conditions for which treatment could have been done on an out-patient basis without any Hospitalization

13. Unproven/Experimental treatment, investigational treatment, devices and pharmacological regimens

14. Admission primarily for diagnostic purposes not related to illness for which Hospitalization has been done

15. Convalescence (except as per the coverage as coverage defined in Section 11 - Recovery Benefit), cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.

16. Preventive care, vaccination including inoculation and immunizations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing

17. Admission for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

18. Hearing aids, spectacles or contact lenses including optometric therapy, multifocal lens.

19. Treatment for alopecia, baldness, wigs, or toupees, and all treatment related to the same.

20. Medical supplies including elastic stockings, diabetic test strips, and similar products.

21. Any expenses incurred on prosthesis, corrective devices external durable medical equipment of any kind, like wheelchairs crutches, instruments used in treatment of sleep apnea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively. Cost of artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).

22. Psychiatric or psychological disorders, mental disorders (including mental health treatments), Parkinson and Alzheimer's disease, general debility or exhaustion ("rundown condition"), sleep-apnea, stress.

23. External Congenital Anomalies, diseases or defects, genetic disorders.

24. Stem cell therapy or surgery, or growth hormone therapy

hospitalization due to an Accident

33. Cost incurred for any health check-up or for the purpose of issuance of medical certificate and examinations required for employment or travel or any other such purpose

34. Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, as demonstrated by: 1. Deep coma and unresponsiveness to all forms of stimulation; or 2

Absent pupillary light reaction; or 3. Absent oculovestibular and corneal reflexes; or 4. Complete apnea

35. Treatment for developmental problems, learning difficulties e.g Dyslexia, behavioral problems including attention deficit hyperactivity disorder (ADHD)

35. Treatment for Age Related Macular Degeneration (ARMD), treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy

36. Expenses which are medically not required such as items of personal comfort and convenience including but not limited to television (if specifically charged), charges for access to telephone and telephone calls (if specifically charged), food stuffs (save for patient's diet), cosmetics, hygiene articles, body care products and bath additives, barber expenses, beauty service, guest service as well as similar incidental services and supplies, vitamins and tonics unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim

37. Treatment taken from a person not falling within the scope of definition of Medical Practitioner

38. Treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical council

39. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, save for the proven material costs are eligible for reimbursement as per the applicable cover

40. Any treatment or part of a treatment that is not of a reasonable charge, is not a Medically Necessary Treatment; drugs or treatments which are not supported by a prescription

41. Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing, including MRD charges (medical records department charges)

42. Non-medical expenses including but not limited to RMO charges, surcharges, night charges, service charges levied by the Hospital under any head and as specified in the Annexure V for non-medical expenses

43. Treatment taken outside India

44. Insured Person whilst flying or taking part in aerial activities except as a fare-paying passenger in a regular scheduled airline or air charter company

For detailed policy wordings regarding the above please visit our website <https://www.adityabirlahealth.com/healthinsurance/#/downloads>

*This is a computer generated statement doesn't need any signature

PRE EXISTING DISEASE:

Member Name	Relationship	Pre Existing Disease
-	-	-

Your e-health card is appended below

Health Insurance

Aditya Birla Health Insurance Co. Limited



PROTECTING YOUR FUTURE. PROMOTING YOUR LIFE.

Toll Free No: **1800 270 7000**

Website : adityabirlacapital.com

Email : care.healthinsurance@adityabirlacapital.com

POLICY No - 71-20-00035-00-00

Certificate No - GE-XL-AS-68185634

Aditya Birla Health Insurance Co. Limited

COVERAGE START DATE - 14/02/2022

COVERAGE END DATE - 13/02/2023

Name	Membership No.	DOB	Relationship
Self			
Spouse			
Kid 1			
Kid 2			
Kid 3			
Kid 4			

This card is for identification and is not an authorization to proceed with the treatment or a guarantee for payment. In the case of photocopy/identity card issued to beneficiaries, acceptable proof of identity such as Aadhar Card/ Passport/ Driver License/ Ration Card/ Voter ID Card/ PAN Card should be presented at hospitalization. This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Aditya Birla Health Insurance Co Ltd. For the latest updated Network Hospital List, login <https://www.adityabirlacapital.com/healthinsurance/#/provider-search>

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