

Date : 18 May 2024

Mr Indukuri Jagadeesh Varma
Flat No 307 Ar Tulip Apartment Borewell Road
Nalluruhalli
Bangalore
Bangalore 560066
Karnataka
State Code : 29

Policy No: 67853127

Mobile No: XXXXXX2343



Dear Mr Indukuri Jagadeesh Varma,

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/3UMzQ3S> and also available on Customer App

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



For 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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Customer App



WhatsApp
8860402452

Self Help Portal:
www.careinsurance.com/self-help-portal.html

Submit Your Queries/Requests:
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Policy Certificate

Mr Indukuri Jagadeesh Varma
 Flat No 307 Ar Tulip Apartment Borewell Road
 Nalluruhalli
 Bangalore
 Bangalore 560066
 Karnataka
 State Code : 29

Policy No.	67853127
Plan Name	Care Supreme
Cover Type	Floater
Policy Period - Start Date	00:00 hrs 29-Jun-2024
Policy Period - End Date	Midnight 28-Jun-2025
Nominee Name (Relation)	Meghana Kalidindi (WIFE)
Premium Paid	Rs.14,620.00 (Premium Rs 12390.02+Underwriting Loading Rs 0.00+CGST Rs0.00+IGST Rs2,230.22+SGST Rs0.00+UGST Rs0.00)
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Client ID
Mr Indukuri Jagadeesh Varma	Male	29-Mar-1992	26435664

Details of Insured Person

Name	Client ID	Date of Birth	Relationship	Insured with the Company (since)	Pre-existing diseases since
Indukuri Jagadeesh Varma	26435664	29-Mar-1992	MEMBER	29-Jun-2023	NONE
Meghana Kalidindi	26435665	16-Nov-1997	SPOUSE	29-Jun-2023	NONE

Details of Cover

Policy Insured Name	Policy Sum Insured	Accumulated No Claim Bonus Amount	Accumulated No Claim Bonus Super Amount
Indukuri Jagadeesh Varma	15,00,000.00	5,00,000.00	10,00,000.00
Meghana Kalidindi			

Note -NCB/NCB Shield Protection has been applied on this renewal.
 -Amount of No Claim Bonus / No Claim Bonus Super is calculated basis the claim status updated till Date of Payment of Renewal Premium.
 -This amount can vary basis the claim reported against Expiring Policy Year.
 -Floater Policy, all the member coverage is on shared basis. Individual Policy each member is covered on Individual Basis.
 -Coverage and Claims Subject to the Policy Terms & Conditions.

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
POLICYBAZAAR INSURANCE BROKERS PVT LTD	20374491	1800-2585970

Schedule of Benefits


S No.	Particulars	Basis of Offering
1	Sum Insured	1500000
2	In-Patient Care	Up to SI

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Schedule of Benefits

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 SI
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	All categories covered.
16	ICU	No Limit
17	Named Ailments Coverage	24 Months
18	Pre-existing Diseases Coverage	48 Months
19	Initial Wait Period	30 Days

Optional Cover


S NO.	Particulars	Details
1	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%
2	Wellness Benefit	Discount on renewal premium based on active days achieved. Online fitness Coaching/Counselling session from Wellness Coaches
3	Air Ambulance Cover	Up to 5 lacs per year.
4	Claim Shield	Coverage of specified 68 Non Payable Items as defined in T&C

Previous Insurer Details of the Insured


Policy Period	Insured Name	Insurer Name	Previous Policy Number	1st Enrollment Date	Sum insured + NCB + NCBS + Inflation SI
29-Jun-2023 to 28-Jun-2024	Indukuri Jagadeesh Varma	Care Health Insurance Ltd	67853127	29-Jun-2023	10,00,000.00 + 0.00 + 0.00 + 0.00
29-Jun-2023 to 28-Jun-2024	Meghana Kalidindi	Care Health Insurance Ltd	67853127	29-Jun-2023	

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For Care Health Insurance Limited



Authorized Signatory

Date of Issue : 18 May 2024

Place of Issue : Gurgaon, Haryana

Service Branch : Vipul Tech Square Tower C 3rd Floor Sector 43 Golf Course Road Gurgaon
Haryana 122009 Gurgaon, Haryana, 122009

Branch Contact No. : 0124-6141810

Consolidated Stamp Duty paid vide E-Challan GRN no. 0107464159 dated 21 Sep 2023, RCM Applicability- N/A

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

GSTIN No.: 06AADCR6281N1ZWS_GSTIN_No

UIN : CHIHLP23128V012223

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.

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Premium Acknowledgement

Policy No.	67853127
Client ID	26435664
Policyholder	Mr Indukuri Jagadeesh Varma
Address	Flat No 307 Ar Tulip Appartment Borewell Road Nalluruhalli Bangalore Bangalore 560066 Karnataka
Policy Period	29-Jun-2024 to 28-Jun-2025

Premium Details

Particulars	Amount (in Rs.)	S.No.	Receipt Number	Amount	Mode of Payment
Gross Premium		1	B0141236	14,620.00	IPG
Care Supreme	10,318.24				
Cumulative Bonus Super	1,031.84				
Wellness Benefit (Supreme)	61.62				
Air Ambulance Cover (Supreme)	410.82				
Claim Shield	567.50				
Goods & Services Tax (GST)	2,230.22				
Total	14,620.00				

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 : 18 May 2024

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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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.
67853127

Member ID	DOB	NAME
26435664	29-Mar-1992	Indukuri Jagadeesh Varma
26435665	16-Nov-1997	Meghana Kalidindi

www.careinsurance.com

Care Health-Customer App

For AndroidFor iOS


WhatsApp
8860402452


FOR POLICYHOLDERS ONLINE

Submit Your Queries/Requests: www.careinsurance.com/contact-us.html

Disclaimer

1. This card is not transferable
2. Use of this card is governed by the policy terms &
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

Good Health Declaration

I/ We hereby state and confirm that I/ We continue to enjoy good health since the expiry of our policy till today. I/ We further state and confirm that neither has any member covered under the policy undergone any consultation, investigation and treatment for any illness or injury nor any claims has been logged during this period. I/ We also understand that the policy coverage would not be extended over the break in period. I/We understand that no claim will be reported/is payable for break in period till the new policy gets issued. Further to this, there has been no other change to the information previously provided in the proposal form submitted during initial purchase of this policy

Proposal No: 1129975511083S_APPLICATION_PROPOSAL_NO

Declaration as provided to the insurer at the time of proposing for insurance cover

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