

Policy No. : 7000252858-00
Name : Mr KAUSHAL KISHORE
Address : A309, ITTINA ANU APARTMENT, NEAR HOPE FARM
WHITEFIELD
BANGALORE
KARNATAKA-560066
8873047869



Thank you

for choosing Tata AIG Family

Dear Customer,

We are glad that you thought ahead and did the right thing by trusting Tata AIG MediCare Premier. It's a policy that delivers high quality health insurance. So go on and live a happy life as your health worries have now been taken care of.

Your policy comes with great features and benefits, that will help you through an unfortunate event. Below is a quick glimpse of your policy - this document contains all that will be required to use Tata AIG MediCare Premier should the need arise.

Benefits:



**In-Patient
Treatment**



**Global
Cover**



**Restore
Benefits**



**Maternity
Cover**



**High End
Diagnostics**



**OPD
Treatment**



**OPD Dental
Treatment**



**Vaccination
Cover**

Quick steps in case of a claim

1

Keep required documents handy

2

• Contact us
• Find our network hospitals for cashless treatment

3

Intimate your Hospital

24x7 Helpline No: **1800 266 7780** • Write to us: customersupport@tataaig.com • 24x7 Claims Helpline No: **1800 425 4033**
For more information on your policy benefits, waiting periods, exclusion, claim procedures and other applicable financial limits, please refer your Customer Information sheet. Please visit our website <https://www.tataaig.com/locator/cashless-network-hospitals> to know our cashless network hospitals and the list of excluded hospitals. You may also find this information on our mobile application.

Please [click here](#) to download the Tata AIG App and register yourself using your mobile number to start availing our services.

By using the services, you acknowledge your assent to the Terms of Use of our digital customer application. Please read the conditions carefully before using the services.

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Policy } Schedule }

Intermediary Name : DIRECT SALES
Intermediary Code : TATA AIG
Intermediary Contact : 18002667780(mobile or landline)
No.

Issuing Office : MUMBAI

Client Id :

Proposal no : PRP/24/7000297455

Policy holder's name : KAUSHAL KISHORE

Policy holder's address : A309, ITTINA ANU APARTMENT, NEAR HOPE FARM
WHITEFIELD
BANGALORE
KARNATAKA-560066
8873047869

Insured GST No : N/A

Place Of Supply : KARNATAKA

Supply Code : 29

Policy Number : 7000252858-00

Product Name : Tata AIG Medicare Premier

Plan type : Individual Basis

Policy period : From 10/06/2024 1:14 hrs TO 09/06/2025 on 23:59
hrs

Business Type : NEW BUSINESS

Policy Tenure : 1 Year

Premium Payment Zone : B

Insured Persons Details:

Member ID	Insured person's name	Insured with TATA AIG General Insurance Co. Since	Date of Birth	Age (in years)	Relationship to Policyholder	Restore Benefit % applicable for the policy period	Sum Insured (Rs.)#	Cumulative Bonus (Rs.)	Accidental Death Sum Insured (Rs.)
IDV0014961 4301027	KAUSHAL KISHORE	10/06/2024	16/07/1996	27	Self	100	10,00,000	0.00	10,00,000

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

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

Nominee details for Policyholder:

Insured Name	Nominee Name	Relationship to Policy holder
KAUSHAL KISHORE	ASIM ANAND	Father

Benefits table

Benefit Name	Coverage
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
Bariatric Surgery Cover	Upto Sum Insured
In-Patient Treatment - Dental	Upto Sum Insured
Restore benefit	Upto Sum Insured
AYUSH Benefit	Upto Sum Insured
Ambulance Cover	Upto Rs. 5000 per Hospitalization
Health Check-up	Upto 1% of Sum Insured; maximum. Rs.10,000 per policy
Maternity Cover	Rs. 50,000 (Rs. 60,000 for birth of girl child)
Delivery Complications Cover	Up to Rs. 10000
First year vaccinations	Upto Rs. 10,000(Rs. 15,000 for girl child)
Vaccination cover	Upto Sum insured
Hearing Aid	50% of actuals; maximum Rs.10,000 per policy
Daily cash for choosing shared accommodation	0.25% of base Sum Insured; maximum Rs. 2000 per day
Daily Cash for Accompanying an Insured Child	0.25% of base Sum Insured; maximum Rs. 2000 per day
Prolonged hospitalization Benefit	1% of Sum Insured
High End Diagnostics	Upto Rs.25,000 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
OPD Treatment	Upto Rs. 5,000
Emergency Air Ambulance Cover	Upto Rs. 5,00,000
Compassionate travel	Upto Rs.20,000 per policy year
Second Opinion	Covered
OPD Treatment - Dental	Upto Rs. 10,000
Accidental Death Benefit	100% of base Sum Insured
Home care treatment cover	-
Wellness Services	i. Unlimited Teleconsultation General ii. Unlimited Teleconsultation-Specialist iii. Health Condition Management (a. Diet & Weight Management Program b. Stress Management Program) iv. Redeemable voucher/Discount on services v. Ambulance Booking facility vi. Emergency Help me feature
Wellness Program	Available

Net Premium:	(Rs)	10092.00
Discounts:	(Rs)	0.00
Loading:	(Rs)	0.00
UGST/SGST (9%):	(Rs)	0.00
CGST(9%):	(Rs)	0.00
IGST(18%):	(Rs)	1816.56
Gross Premium:	(Rs)	11909.00

Gross Premium amount(in words) : Rupees Eleven Thousand Nine Hundred Nine and Paise Zero Only

Claim Servicing Details :

- Name of Claim Administrator: Tata AIG Health Claim Administrator:
- Website: www.tataaig.com
- Email: healthclaimsupport@tataaig.com
- Toll Free: 18002667780
1800229966(for Senior Citizens)
- Claim Administrator Address : 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

Stamp Duty Registration Details

Consolidated Stamp Duty has been paid to the State Exchequer

For Tata AIG General Insurance Co. Ltd.

Authorized Signatory

In the event of non-realization of premium, the Company shall not be liable under the policy and the policy shall stand cancelled ab initio (from inception).

Policy Servicing Address :

2ND FLOOR, CITI TOWER, 61, DR. S.S.RAO ROAD, NEXT TO M.G.M HOSPITAL, PAREL(E), MUMBAI - 400012 MUMBAI - 400012 - 400012 Tel No:62606600

GSTIN : 27AABCT3518Q1ZW MUMBAI . Service Accounting Code : 997133

Annexure to Customer Information Sheet (CIS) - Benefit Illustration in respect of policies offered on Individual and Family Floater basis

Age of the Member 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 (₹)
27	10092	10,00,000								
	Total Premium for all members of the family is ₹ 10092.00 when each member is covered separately		Total Premium for all members of the family is ₹ when they are covered under a single policy				Total Premium when policy is opted on floater basis is ₹			
	Sum Insured available for each individual is ₹ 10,00,000		Sum Insured available for each family member is ₹				Sum Insured of ₹ 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.

PROPOSAL FORM

URN No: AH/2023-24/HL-04
Intermediary Code: 0010805000

Proposal no:IDV001496143

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 cancelation of policy.

Please fill-up this form in **CAPITAL LETTERS**

1. PROPOSER'S DETAILS

Name:	Mr.KAUSHAL KISHORE
Gender:	MALE
Date of Birth:	16/07/1996
Mobile:	8873047869
Unique Govt ID No:	
PAN Card:	DYDPK5958P
E-Mail:	KAUSHORE0716@GMAIL.COM
Annual Income in Rs(Lakhs)	
Address^	A309, ITTINA ANU APARTMENT, NEAR HOPE FARM
Landmark:	WHITEFIELD
Area:	
City/Town:	BANGALORE
District:	
Pin Code:	560066
State:	KARNATAKA
Nationality:	<input checked="" type="checkbox"/> Indian <input type="checkbox"/> Foreign Nationals
i. Is Residence Status of either the Policyholder or any of the Insured Person(s) is Non Resident Indians (NRI)/ Overseas Citizen of India (OCI)/ Foreign Nationals? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	
ii. If you are Resident Indian National and want to opt out of Global Cover for Planned Hospitalization <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> 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	

^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:☐ Tata Group Employee ID : NA

2. POLICY DETAILS

Proposed Policy Commencement Date:	10/06/2024 1:14 hrs TO 09/06/2025 on 23:59 hrs
Policy Tenure:	1 Year
Sum insured type:	Individual Basis

3. DETAILS OF THE PERSON(S) TO BE INSURED

Srl No	Name of the Insured Person	Gender	Relationship with Proposer*	Date of Birth	Height	Weight	Sum Insured (Rs)#
1	KAUSHAL KISHORE	M	Self	16/07/1996	167.64	74	10,00,000

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

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

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
ASIM ANAND	10/02/1976	Father	

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*? 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.

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 Person
	1
Decline Disease Name	
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
Any other illness/disease/injury/disability in the past other than for childbirth, flu or for minor injuries that have completely healed?	N
Are you or any persons proposed on regular medication (including any Ayurvedic treatment) or awaiting any procedure/treatment?	N
Have you ever been diagnosed with any of these medical conditions with or without any follow-up tests/medications? - Elevated Blood Sugar/ Diabetes/ Elevated Blood Pressure/ Hypertension/High Cholesterol/Hypothyroidism	N
Is any of the insured pregnant currently? If yes, please mention expected date of delivery (EDD). Any history of pregnancy related complications?	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
Has any health or life insurance policy ever been terminated in the past?	N

B. Detailed information in case any of the questions in section 6 (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? No

If yes please indicate the name and quantity per day.

7. PAYMENT DETAILS

Name of the Premium Payer if different from proposer:	Kaushal Kishore
Relationship with the proposer if different from proposer:	
Premium Amount (Rs):	11909.00

Instrument type: ☐ 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 ☐ Other ☐ _____

Anti Money Laundering (AML) declarations

1. 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.

2. I / we are not Politically Exposed Persons ** nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.

***"Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction - Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time"

Type of Organization making the payment

- ☐ Limited company
☐ Non-Governmental Organization (NGO)
☐ Society
☐ Trust
☐ Partnership
☐ International Organization
☐ Cooperatives
☐ Section 25 Company

Signature of Proposer: KAUSHAL KISHORE

Date: 10/06/2024

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 (RTGS) / Interbank Mobile Payment Service (IMPS)
For this purpose, please submit the following details of the proposer's bank account.

Name of the account holder	Kaushal Kishore
Name of the bank	
Branch Bank	
Account no.	
Bank IFSC code	
Account Type	SB Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (please specify) <input type="checkbox"/>

9. DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- ☒ I 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 am 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 the Proposer: KAUSHAL KISHORE Date: 10/06/2024
- ☐ GoGreen: I would like to protect my environment and would like to help save paper by authorizing Tata AIG General Insurance Company Limited to send all my policy and service related communication to the email id as mentioned in this application form. For detailed terms, conditions, exclusions and policy wordings please refer our website (www.tataaig.com)

10. DECLARATION/VERNACULAR DECLARATION

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

Signature of the Proposer: KAUSHAL KISHORE Code: 0010805000

Date and name of agent: 10/06/2024 and DIRECT SALES

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print)

The content of this form along with product benefits, terms/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: KAUSHAL KISHORE Date and name of agent: 10/06/2024 and DIRECT SALES

11. AGENT DECLARATION

I, DIRECT SALES 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): TATA AIG

Name of the specified Person and code: DIRECT SALES and 0010805000

Signature of Agent: DIRECT SALES Place: MUMBAI Date: 10/06/2024

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

1. 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.
2. 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:0010805000 and DIRECT SALES
90200

Branch Receipt Date: _____ Channel Type: _____

Business Type: Urban ☐ Rural ☐ Social ☐ Customer ID: _____

Tata AIG General Insurance Company Limited.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully, before concluding a sale. Tata AIG General Insurance Company Limited. Registered Office: Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Off Senapati Bapat Road, 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

ACKNOWLEDGEMENT

Date: 10/06/2024

Proposal No: IDV001496143

Name of the Proposer: KAUSHAL KISHORE

We acknowledge with thanks the receipt of your proposal for Tata AIG Medicare Premier and amount by

Cheque ☐ Demand Draft ☐ Others ☒ of amount of Rs. 11909.00

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-fulfillments of Pre-Policy Checkup 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

TATA AIG
MediCare
PREMIER



KAUSHAL KISHORE, 27 years, Male
Policy No.: 7000252858-00
Policy period: 10/06/2024 to 09/06/2025
Member ID: IDV00149614301027

*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.
Email: healthclaimsupport@tataaig.com | 24x7 Toll Free No: 1800 266 7780
or 1800 229 966 (For Senior Citizens)

Terms and Conditions

1. Pre-authorization is compulsory from Us prior to all planned admissions 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 hospitals can be obtained in conjunction with this card, an authorization letter issued by Us and photo identification such as voter's ID, driving licence, passport, etc.
6. Photo ID Proof to be presented with this card at the time of availing benefits.

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Regd Office: 15th Floor, Tower A, Peninsula Business Park,
G. K. Marg, Lower Parel, Mumbai - 400 013.
Toll Free No. (24x7): **1800 266 7780, 1800 229966** (For Senior Citizens)
Email: **customersupport@tataaig.com**
IRDA of India Registration No: 108 • Website: **www.tataaig.com**
• CIN: U85110MH2000PLC128425
Tata AIG MediCare Premier UIN: TATHLIP24159V042324

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

Date : 10/06/2024
Policy Number : 7000252858-00
Customer : KAUSHAL KISHORE
Name
Address : A309, ITTINA ANU
APARTMENT, NEAR
HOPE FARM
WHITEFIELD
BANGALORE
KARNATAKA-560066
GSTIN no. :

Dear Sir/Madam,

Sub: Tax Benefit Letter for Medicare Premier policy no. 7000252858-00

This is to certify that premium amount of Rs Eleven Thousand Nine Hundred Nine and Paise Zero Only for health insurance Policy No 7000252858-00 issued to KAUSHAL KISHORE for the period 10/06/2024 to 09/06/2025 has been paid.

Receipt Illustration

Name of Payer	Mode of payment	Amount paid
Kaushal Kishore	onlinePayment	11909.0
	Total Amount Paid	11909

Premium illustration (Member wise)

Member ID	Name of Member	Relationship with Policyholder	Total member premium paid(Including Taxes & Loading)
IDV00149614301027	Kaushal Kishore	Self	11909
Total Premium Paid (Inclusive of Loading & Taxes collected)			11909

Please feel free to get in touch with us for any further help or queries at our 24x7 Helpline 18002667780 (Toll-free) or email us at customersupport@tataaig.com

We assure you of our best services at all times.

Regards,

For Tata AIG General Insurance Company Limited



Authorized Signatory
Date of Issue:10/06/2024
Place of Issue:MUMBAI
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.

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Customer Information Sheet/Know Your Policy

This document provides key information about your policy. You are also advised to go through your policy document.

S.No.	Title	Description	Policy Clause Number				
1.	Name of the Insurance Policy	TATA AIG MediCare Premier					
2.	Policy Number	7000252858-00					
3.	Type of Insurance Policy	Both indemnity & benefit, Policy has elements of both, Indemnity (which cover insured loses) and Benefit (which pays a fix amount under the policy on the occurrence of a covered event).					
4.	Sum Insured (Basis) (Along with amount)	<table><tr><th>Member Name</th><th>Sum insured</th></tr><tr><td>KAUSHAL KISHORE</td><td>1000000</td></tr></table> <p><<Individual Sum Insured - Where each member has a separate sum insured under the Policy.>></p> <p>Sum Insured represents Our maximum, total and cumulative liability under the Policy, for all the Insured Person(s) covered in aggregate, for the respective Policy Year</p>	Member Name	Sum insured	KAUSHAL KISHORE	1000000	
Member Name	Sum insured						
KAUSHAL KISHORE	1000000						

5.	Policy Coverage	<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 Rs. 75 Lacs and above.</p> <p>B4. Day Care procedures - Medical expenses for 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> <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>	Section 2
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		<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 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</p> <p>Domestic:</p> <p>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 Rs. 50 Lacs):</p>	
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		<p>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 which are listed in 'annexure 1 - List 1 as optional items' under 'Guidelines on Standardization in Health Insurance, 2016' & its amendments, 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> <p>B13. Global Cover for Planned Hospitalization</p> <p>-</p> <ol style="list-style-type: none"> 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 Reasonable and customary expenses incurred towards obtaining visa for medical treatment of the insured person travelling abroad, if applicable. <p>Please note that, B13. 'Global Cover for Planned Hospitalization' as a Benefit is:</p> <ol style="list-style-type: none"> 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 	
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		<p>proposal or anytime during the policy period/ renewal is:</p> <ul style="list-style-type: none"> ▪ Non-Resident Indian (NRI); or ▪ Overseas Citizen of India (OCI) <p>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.</p> <p>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).</p> <p>B14. Bariatric Surgery Cover - Covers reasonable and customary expenses for Bariatric surgery if the insured fulfills:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> i. Obesity-related cardiomyopathy, ii. Severe sleep apnea, iii. Uncontrolled Type2 Diabetes, or iv. Coronary heart disease <p>B15. In-patient Treatment-Dental - Covers expenses incurred towards hospitalization for dental treatment under anesthesia necessitated due to an accident/injury/illness</p>	
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B16. Vaccination cover - We will cover for expenses related to the cost of the following vaccines:

Basic Sum Insured	Vaccines Covered
Up to Rs. 50 Lacs	<p>Without any waiting period:</p> <ul style="list-style-type: none"> - Anti-rabies vaccine following an animal bite - Typhoid vaccination <p>After 2 years of continuous coverage with Us:</p> <ul style="list-style-type: none"> - Human Papilloma Virus (HPV) vaccine - Hepatitis B Vaccine
Rs. 75 Lacs to Rs. 3 Crore.	<p>Without any waiting period:</p> <ul style="list-style-type: none"> - Anti-rabies vaccine following an animal bite - Typhoid vaccination <p>After 2 years of continuous coverage with Us:</p> <ul style="list-style-type: none"> - 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 Rs. 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. 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.
- 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.
This benefit will trigger only in case where we have admitted the maternity claim.

- 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 Rs.10,000/- (Rs.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.
- 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.
- 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:
- Brain Perfusion imaging
 - CT guided Biopsy
 - CT Urography
 - Digital Subtraction Angiography (DSA)
 - Liver Biopsy
 - Magnetic Resonance Cholangiography Scan
 - PET CT
 - PET MRI
 - Renogram
- 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.
- 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

		<p>Policy Schedule</p> <p>a. Root Canal Treatment (single or multiple sittings)</p> <p>b. Tooth extraction(s)</p> <p>c. Filling</p> <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> <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 Rs 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</p> <p>B31. Home Care Treatment Cover (Applicable only for Sum Insured Rs.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</p>	
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		<p>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 - Specialty 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 	
6.	Exclusions	<p>Standard Exclusion</p> <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-Excl12) II. Expenses related to surgical treatment of obesity that does not fulfil the conditions as mentioned in the policy wordings, section 3 (CodeExcl06) III. Investigation and evaluation (Code- Excl 04) 	Section 3

		<p>IV. Expenses related to Sterility and infertility (Code-Excl17)</p> <p>V. Refractive error (Code -Excl15)</p> <p>VI. Change-of-Gender treatments (Code- Excl 07)</p> <p>VII. Cosmetic or Plastic Surgery (Code – Excl08)</p> <p>VIII. Rest cure, rehabilitation and respite care (Code-Excl05)</p> <p>IX. Unproven treatments (CodeExcl16)</p> <p>X. Maternity (Code - Excl18)</p> <p>XI. Treatments received in health hydros, 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 -Excl13)</p> <p>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 -Excl14)</p> <p>2. Non-Medical Exclusions</p> <p>I. Hazardous or Adventure Sports (Code- Excl 09)</p> <p>II. Breach of law (Code- Excl 10)</p> <p>III. Excluded Providers: (Code-Excl 11)</p> <p>Specific Exclusions (Exclusions other than as those mentioned above)</p> <p>1. Medical Exclusions</p> <p>I. Alcoholic pancreatitis;</p> <p>II. Congenital External Diseases, defects or anomalies;</p> <p>III. Stem cell therapy;</p>	
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		<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>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>X. 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 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
8.	Financial limits of coverage	The policy will pay only up to the limits specified hereunder for the following diseases/procedures	Section 2

- i. Sub-limit (it is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)
- ii. Co-payment (it is a specified amount/ percentage of the admissible claim amount to be paid by policy holder/ insured)
- iii. Deductible (it is a specified amount:
 - 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)

Sub-limit:

Benefit Specific Sub-limit

- 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
Upto Rs. 10,000/- provided the child is covered with Us. In case of girl child, applicable limit under this coverage would be Rs.15,000/-.

Any Other limit:

- In-Patient Treatment: Upto Sum Insured
- Pre-Hospitalisation expenses: Upto 60 days, Upto Sum Insured
- Post-Hospitalisation Expenses: Upto Sum Insured. **For number of days applicable to you, please refer your Policy Schedule**
- Day Care Procedures: Upto Sum Insured
- Organ Donor: Upto Sum Insured
- Domiciliary Treatment: Upto Sum Insured
- AYUSH Benefit: Upto Sum Insured
- Health Checkup: Upto 1% of previous sum insured subject to a maximum limit (over and above base sum insured). **For maximum limit applicable to you, please refer your Policy Schedule**

	Any other limit (as applicable)	<ul style="list-style-type: none"> • 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 Hospitalization: Upto Sum Insured. For cover applicable to you, please refer your Policy Schedule • Bariatric Surgery Cover: Upto Sum Insured • In-Patient Treatment - Dental: Upto Sum Insured • Vaccination cover: Upto Sum Insured (over and above base sum insured) • Hearing Aid: Upto 50% of actual cost or ₹10,000/- per policy, whichever is lower. (over and above base sum insured) • Daily Cash for choosing Shared Accommodation: Upto 0.25% of base sum insured and a maximum of ₹2000 per day. (over and above base sum insured) • Daily Cash for Accompanying an Insured Child: Upto 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. 	
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		<ul style="list-style-type: none"> • 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 Rs.50 Lacs (over and above base sum insured) • Home Care Treatment Cover (Applicable only for Sum Insured Rs.75 Lacs and above) - For limits applicable to you, please refer your Policy Schedule 	
9.	Claims/Claims Procedure	<p>Claim procedure:</p> <ul style="list-style-type: none"> • For Cashless Service: <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. 	Section 5

		<ul style="list-style-type: none"> • For Reimbursement of Claim: <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 send 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> <ol style="list-style-type: none"> i. TAT for preauthorization of cashless facility: 2 hours ii. TAT for cashless final bill authorization: 4 hours <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 	
10	Policy Servicing	Toll Free: 1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders)	Section 4

11 .	Grievances/ Complaints	<p>Redressal of Grievance</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, 7th and 8th 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>Escalation Level 1:</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>Escalation Level 2:</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 at IRDAI Integrated Grievance Management System (https://igms.irda.gov.in/) 	Section 4
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12 .	Things to remember	<p>Free Look Period</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.</p> <p>The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.</p> <p>If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ul style="list-style-type: none"> ▪ a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or ▪ where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or <p>Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.</p>	Section 4
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Policy renewal

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. 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.
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.

For Detailed Guidelines on Migration, kindly refer Guidelines issued by IRDAI (Insurance Regulatory and Development Authority of India) on Migration and Portability of Health Insurance policies - Ref: IRDAI/HLT/REG/CIR/194/07/2020) dated 22nd July 2020 and subsequent amendments thereof.

Portability

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

For Detailed Guidelines on Portability, kindly refer Guidelines issued IRDAI (Insurance Regulatory and Development Authority of India) on Migration and Portability of Health Insurance policies - Ref: IRDAI/HLT/REG/CIR/194/07/2020) dated 22nd July 2020 and subsequent amendments thereof.

Moratorium Period

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 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.

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.	
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Declaration by the Policyholder :

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

Place: BANGALORE
Date: 10/06/2024

KAUSHAL KISHORE
(Signature of the Policyholder)