

Premium Receipt

Dear Mr. Kamalakannan Sanjeevan
Flat D Kavyakala Apartment Varadharaja,
Nehru Nagar Hasthinapuram Chrompet,
Chennai,
Tamil Nadu - 600044

We acknowledge the receipt of payment towards the premium of the following health insurance policy:

Policy Holder's Name	Mr. Kamalakannan Sanjeevan	Policy Number	30468061201500
Plan Opted for	FamilyFirst Silver 1 lac + 5 lacs	Sum Insured (Rs)	9,00,000
Commencement Date#	16/10/2015	Expiry date	15/10/2016
Net Premium(Rs.)	17,177.00		
Service Tax(Rs.)	2,404.00		
Education Cess (Rs.)	0.00		
Secondary & Higher Education Cess (Rs.)	0.00		
Gross Premium (Rs.)	19,581.00		

*Stamp Duty

#Issuance of policy is subject to clearance of premium paid

Details of persons Insured:

Name of person Insured	Age	Gender	Relationship to policy holder	Individual Cover(Rs.) (Only in case of Family First)
Mr. Kamalakannan Sanjeevan	40	M	Applicant	1,00,000
Ms. Chithra Kamalakannan	33	F	Spouse	1,00,000
Mr. Chiranjeevi Kamalakannan	9	M	Son	1,00,000
Ms. Rachana Kamalakannan	11	F	Daughter	1,00,000

Upon issuance of this receipt, all previously issued temporary receipts, if any, related to this policy are considered null and void. For the purpose of deduction under section 80D, the benefit shall be as per the provisions of the Income Tax Act, 1961 and any amendments made thereafter.

In the event of non-realization of premium, Tax benefits cannot be obtained against this premium receipt.

For your eligibility and deductions please refer to provisions of Income Tax Act 1961 as modified and consult your tax consultant.

Service tax Registration number: AAFCM7916HST001

For & On behalf of Max Bupa Health Insurance Co. Ltd.



Somesh Chandra
Chief Operations Officer & Chief Quality Officer

Location: New Delhi

Date : 19/10/2015