

Insured Name		
Name of Insured/ Proposer	Jashwanth	
Address of Insured/ Proposer	Jashwanth	
Business of Insured/ Proposer	Manufacturing	
Contact Person at Insured		
Phone no. and E-mail ID	7894561235	jashwanth@gmail.com
Employer-Employee relationship		
If No, specify relationship		
Intermediary Details		
Name of the Intermediary (Existing & New if applicable)	Jashwanth	
TPA Details		
Name and Address	Family Health Plan Insurance TPA test ,Jashwanth	
Contact Details	7894561235 ,jashwanth@gmail.com	
Expiring Policy Details		
Period of Insurance and Policy Number (Inception Date and Expiry Date)	null	null

Policy copy with terms/ conditions including extensions is to be mandatorily provided by the Proposer		
Policy type	Renewal	
Premium paid at inception (exclusive of Service Tax)	0.0	
Premium addition during the year	0.0	
Premium deletion during the year	0.0	
Final Premium collected (exclusive of Service Tax) as on date to be Specified.	N/A	
For how many years policy has been active	0	
Member Details		
Expiring Year		
Basis of Premium Charging -per Family or per Member covered	N/A	N/A
No. of Members at inception	Fresh	Fresh
Addition during the year	Fresh	Fresh
Deletion during the year	Fresh	Fresh
Final no. of Members at expiry (With complete enrollment date)	Fresh	Fresh
Renewal Year		
	Employee	Dependent
No of Members to be covered	0	0
Please Specify Sum Insured required	:	
If Family coverage then no of Families to be covered	0	0
Family/ Floater Sum Insured	Parents Only : 2000	

Claim Details as on under expiring policy:	Reimbursement:	Cashless:
Claims paid as on date	Fresh	Fresh
Claims outstanding as on date	Fresh	Fresh
If OPDcover given, then mention OPD claims separately	N/A	N/A
Details of Claims paid under Corporate Buffer Facility as on ()	N/A	N/A
Claims Paid as on Date	N/A	N/A
Claims Outstanding as on date	N/A	N/A
Total claims paid during the last two policy years immediately preceding the expiring year.	N/A	N/A
Total claims paid during the last three months of two years of policy immediately preceding to the expiring year.	N/A	N/A
Family Details (specify wherever applicable)		
Family Definition whether additional children covered, whether additional relationships covered, like brother sister etc.	N/A	
Any revision required in Family definition under renewal policy - please specify if yes.	N/A	
Corporate Buffer Details required under RenewalPolicy		
Per Family Maximum SI for Corporate Buffer		
Maximum Number of cases during the Policy period for Corporate Buffer if same is to be capped		

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 persons.

Place: Hyderabad
Date: Tuesday, 01-Aug-2023

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