



2811204710936500000

MR PRABATH M
5/123 SANKARAM PALAYAM MINNAMPALLI KARUR 5/123 SANKARAM
PALAYAM MINNAMPALLI KARUR KARUR, 639116
TAMIL NADU
Contact No : 9620615444

Date : 13/06/2022

We welcome you to be a part of our family!

Your Health insurance certificate no. 2811204710936500000 is confirmed on the basis of the information and declaration given by you. The details of coverage are mentioned in the enclosed Certificate of insurance.

As a measure of our customer convenience we have implemented a Lifetime Validity Health Card. For you, this simply means that your Health Card is valid for all subsequent renewals and as long as your policy is active with us. Hence, you need not replace your health card every year.

We value your relationship with us and assure you our best services at all times and we look forward to serve you.

For HDFC ERGO General Insurance Company Ltd.



Vivek Rasgotra
Senior Vice President Operations and Services Group

HDFC ERGO General Insurance Company Limited

TAX CERTIFICATE



Dear MR Prabath M,

Subject : Certificate for the purpose of deduction under section 80 D of Income Tax (Amendment) Act, 1986

This is to certify that we have received an amount of ₹ 21569 towards premium Certificate of Insurance 2811204710936500000 issued to MR PRABATH M for the period 20/06/2022 to 19/06/2023.

Note : This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time.

For HDFC ERGO General Insurance Company Ltd.

Date : 13/06/2022

Policy Issuing Office: Mumbai



Duly Constituted Attorney

HDFC ERGO General Insurance Company Limited

Certificate of Insurance

HDFC Group Health Insurance



281120471093650000

201234710936500000

MR PRABATH M 5/123 SANKARAM PALAYAM MINNAMPALLI KARUR 5/123 SANKARAM PALAYAM MINNAMPALLI KARUR KARUR TAMIL NADU, 639116 Contact No : 9620615444	Certificate No. .	:2811 2047 1093 6500 000	Issuance Date	:13/06/2022
	Period of Insurance	:From 20/06/2022 00:01 hrs To 19/06/2023 Midnight		
	Invoice No.	:204710936500000	Policy Type	:Family Floater
	Proposer Name	:Mr Prabath M	Premium Frequency	:Single
	HSN Code	:997133	Plan Type:	:Equitas bank platinum
	Customer Id	:101975598631	Pan No.	
	Name of the Policy Holder:	:EQUITAS SMALL FINANCE BANK LTD	Customer UIN:	
	Master Policy No	:2999204235590700003		
	Payment Details : EAR2213429 , Bank Name :Bizdirect			
	Email ID : prabathsmp@gmail.com			

Insured Person's Details & Sum Insured In (₹)

Insured's Name	Relation with policy holder	Gender	Date of Birth	Nominee Name	Nominee Relationship	1st Policy Inception	Sum Insured	CB Amount	Pre-existing disease
Mr Mutuhsamy M	Father	Male	02/06/1961	Prabath M	DEPENDENT SON	20/06/2020	300000	150000	No
Ms Meenakshi M	Mother	Female	16/03/1968	Prabath M	DEPENDENT SON	20/06/2020			No

The nominee must be an immediate relative of the policyholder. For all other Insured Persons the policy holder shall be the nominee

Coverage Details

Coverage	Details	Coverage	Details
In-Patient Hospitalisation	Covered	Pre-Hospitalization Medical Expenses Cover	60
Post-Hospitalization Medical Expenses Cover	180	Room Rent Per Day (Normal)	No Limit
Room Rent Per Day (ICU)	No Limit	Road Ambulance Cover	Rs. 2,000/- per hospitalization
30 Day Waiting Period	Applicable	Waiting period for specified illnesses	24 Months
Waiting Period for Pre-existing Diseases	36 Months	Day Care Procedures	Covered
Domiciliary Hospitalization	Covered	Alternative Treatment	Upto 50% of Sum Insured
Preventive Health Check-up	1% of Sum Insured, max Rs. 7,500/- for every claim free year	Organ Donor Expenses	Covered
Cumulative Bonus	10% for each claim free year, max 50%	Disease Capping	None
Restore Benefit	100% of Sum Insureds	Hospital Cash	Rs. 1,000 per day, max 30 days

Please refer Policy wordings for all the standard coverage offered by the Company to its customers. Your entitlement for coverage/benefits shall be restricted to the coverage/benefits as mentioned in this Certificate of Insurance. Policy wordings are available at www.hdfcergo.com

• Life Long Renewability- As long as master policy is renewed with us and proposer continues to be member of the group

Premium Details (₹)

Basic Premium (A)	18,279.00
Medical Underwriting Loading (B)	0.00
Total Premium (A+B)	18,279.00
GST 18% : Central Tax 9% (₹1645) + State Tax 9% (₹1645)	3,290.00
Gross Premium	21,569.00

Applicable only to EQUITAS SMALL FINANCE BANK LTD Customers

Entry Age – 18 years to 65 years, Dependent child – 3 months to 25 years

(Please refer to the Master Policy issued to and available with EQUITAS SMALL FINANCE BANK LTD Customers for full particulars and details)

Special Conditions :Age proof/identity proof will be collected in event of claim under the policy.

For Claim/Policy related queries call us at +91- 22 6234 6234/+91- 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim.

If the premium is not realised the policy shall be void from inception.Consolidated stamp duty for this Insurance Policy is paid by Demand Draft, vide Receipt/Challan noLOA NO. CSD/366/2022/2430 dated 06/06/2022 as prescribed in Government of Maharashtra Order No. Mudrank-2017/CR.97/M-1, dated the 09th January 2018". Goods & Services Tax Registration No: 33AABCL5045N1ZF. GST for this invoice is not payable under reverse charge basis.

Branch :248b, b-1, c, c-1, rekha towers, kamarajar salai rd, madurai

Agent Name : EQUITAS SMALL FINANCE BANK LIMITED

Agent Code : 201741625470 Tel No. : 91-1800103122

For HDFC ERGO General Insurance Company Ltd.

Duly Constituted Attorney

"For detailed policy terms and conditions please visit our website <https://www.hdfcergo.com/download/policy-wordings.>"

HDFC Group Health Insurance
e-Enrollment Form for coverage under Policy No. 2999204235590700003 offered to the customers of
EQUITAS SMALL FINANCE BANK LTD

MR PRABATH M 5/123 SANKARAM PALAYAM MINNAMPALLI KARUR 5/123 SANKARAM PALAYAM MINNAMPALLI KARUR KARUR, TAMIL NADU - 639116 Contact No : 9620615444	Proposal No.	: 2811 2047 1093 6500 000	Issuance Date	: 13/06/2022
	Period of Insurance	: From 20/06/2022 00:01 hrs	To 19/06/2023 Midnight	
	Invoice No.	: 204710936500000	Premium Frequency	: Single
	Proposer Name	: Mr Prabath M	Policy Type	: Family Floater
	HSN Code	: 997133	Plan Type	: Equitas bank platinum
	Proposer's GSTIN No	:	PAN No.	
	Email ID	: prabathsm@gmail.com		

Details of the Persons Proposed to be Insured

Insured's Name	Relation with policy holder	Gender	DOB	Height	Weight	Nominee Name	Nominee Relationship	1st Policy Inception	Sum Insured	CB Amount	Pre-existing disease
Mr Mutuhsamy M	Father	Male	02/06/1961			Prabath M	DEPENDENT SON	20/06/2020	300000	150000	No
Ms Meenakshi M	Mother	Female	16/03/1968			Prabath M	DEPENDENT SON	20/06/2020			No

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GST 18% : Central Tax 9% (₹1645) + State Tax 9% (₹1645)	3,290.00
Gross Premium	21,569.00

Payment Details

Premium Payment Options:	Net Banking / Credit Card / Debit Card	Premium Amount (Annual)	Rs. 21569
Net Banking Transaction ID:	EAR2213429	Transaction Date:	

We will refund (Excess Premium / PPC reimbursement / Cancellation) directly into your account/ card which was used to pay premium for this policy.

Declaration & Warranty on behalf of all Persons Proposed to be insured


"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 other persons.
I/We 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 insurance company and that the policy will come into force only after full receipt of the premium chargeable.
I/We further declare that I/we 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/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority."

Declaration & Warranty on behalf of Insurance Company

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by the company.
We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment).
Fraud Warning: This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits
Anti-Rebating Warning: As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 policy in respect to 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 prospectus or tables of the insurer. Violation of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to 10 Lakhs.

HDFC Group Health Insurance
e-Enrollment Form for coverage under Policy No. 2999204235590700003 offered to the customers of
EQUITAS SMALL FINANCE BANK LTD

Take it easy!

	Policy No.:2811204710936500000 Valid From: 20/06/2022 Renewal Date: 19 June	
Insured Name	Date Of Birth	Gender
MR MUTUHSAMY M	02/06/1961	Male
MS MEENAKSHI M	16/03/1968	Female

HDFC ERGO General Insurance Company Limited

This card is for identification purpose only.

Card has to be presented to the Network Service Provider at the time of admission/ availing cashless hospitalization or any other services. Insurance claim will be processed in accordance with the policy term & conditions. Card does not guarantee cashless hospitalization or any other service. For more details and updated list of Network Service Provider please refer our website or call our call centre. This card is valid till the time policy is active.

Customer Service No : 022 - 6234 6234 / 0120 - 6234 6234
Fax Number :
Email : healthclaims@hdfcergo.com
Processing Centre : HDFC ERGO General Insurance Company Ltd. 5th floor, Tower 1, Steller IT Park, C-25, Sector-62, Noida-201301.
Website : www.hdfcergo.com