# Health Insurance Aditya Birla Health Insurance Co. Limited (A subsidiary of Aditya Birla Capital Ltd.)



# **Group Activ Secure - Certificate of Insurance**

Policy Issuing Office	Aditya Birla Health Insurance Co. Limited, 10th Floor, R-Tech Park, Nirlon Compound, Goregaon-East, Mumbai-400063	Policy Servicing Office	Aditya Birla Health Insurance Co.Limited, 7th Floor, Modi Business Centre, Kasarvadavali, Thane(W) - 400615
Master Policyholder Name	M/s HDFC Bank		
Master Policy Number	62-20-00216-00-00	Certificate Number	GFB-BT-21-2007752
Product Name	<b>Group Activ Secure</b>	Member ID	HD-0000304627-01
Plan Name	Group Activ Secure - Personal Accident		
Name of Insured Person and Residential Address of Insured person	Mr.PRATAP KUMAR KALE,B G RESIDENCY SR NO 51 , PLOT NO 114 FLAT NO 12 BHAIRAV, NAGAR DHANORI ROAD , PUNE - 411015, MHS	Unique Identification Number	HDFCGA03082021000046
Contact Details	8888480994		

b.	
Inception Date & Time of Master Policy	00:01 hrs 04-04-2021
Expiry Date & Time of Master Policy	23:59 on 03-04-2022
Period of Insurance	1 yr
Start Date	00:01hrs 05-08-2021
End Date	23:59 on 04-08-2022
Coverage Type	Family Floater

Insured Detail						
Insured Person	Date of Birth	Gender	Nominee	Relationship	Sum Insured	Certificate Number
Mr.PRATAP KUMAR KALE	15-08-1981	Male	Swati Jagadabi	Spouse	Refer coverage details	GFB-BT-21-2007752
Mrs.Swati Jagadabi .	06-03-1986	Female			Refer coverage details	GFB-BT-21-2007752

verage Details		
Group Activ Secure - Personal Accident	1000000	
Section A: Basic Covers		
Accidental Death	1000000	
Permanent Total Disablement	1000000	
Permanent Partial Disablement	1000000	
Road Ambulance Cover	10000	
Section B: Optional Covers		
Funeral Expenses	10000	
Education Fund for Children	100000	

#### Grievance Redressal

In case of a grievance, You can contact Us with the details through:

Our website: adityabirlacapital.com/health insurance Email: care.healthinsurance@adityabirlacapital.com

Toll Free: 1800 270 7000

Address: Any of Our Branch office or Corporate office

For senior citizens, please contact the respective branch office of the Company or call at 1800 270 7000 or may write an e-mail at seniorcitizen.healthinsurance@adityabirlacapital.com.

You can also walk-in and approach the grievance cell at any of Our branches.

If in case You are not satisfied with the response then You can contact Our Head of Customer Service at the following email carehead.healthinsurance@adityabirlacapital.com.

If You are still not satisfied with Our redressal, You may approach the nearest Insurance Ombudsman. The Contact details of the Ombudsman offices are provided on Our Website and in the policy.

Policy Exclusions	
Group Personal Accident	As per Annexure 1

Premium Details		
Particulars	Amount (Rs.)	
Net Premium	1200	
CGST(9%)	108.00	
SGST/UTGST(9%)	108.00	
IGST(18%)		
Total Premium	1416.00	

GST Registration No. 27AANCA4062G1ZN Category: General Insurance SAC Code:997133

Claim Process		
Please contact us through any of these Modes	Address for Correspondence	Aditya Birla Health Insurance Company Limited, Claims Dept, 5th Floor, C building, Modi Business Centre, Kasarvadavali, Thane West - 400615
	Contact Number	1800 270 7000
	Email ID	care.healthinsurance@adityabirlacapital.com

 $\begin{array}{l} \textbf{Stamp Duty -:} The \ stamp \ duty \ of \ INR \ 1 \ paid \ vide \ MH000668097202122E \ dated \ 23/04/2021, \ MH000677118202122E \ dated \ 23/04/2021, \\ MH000730185202122E \ dated \ 26/04/2021, \ MH000730185202122E \ dated \ 26/04/2021, \ received \ from \ Stamp \ Duty \ Authorities \ vide \ Receipt \ No./GRASS \ DEFACE \ NO \ 0000483978202122 \ dated \ 05/05/2021, \ 0000484021202122 \ dated \ 05/05/2021, \ 0000484062202122 \ dated \ 05/05/2021, \ payment \ has been \ made \ vide \ Letter \ of \ Authorisation \ No. \ CSD/34/2021/1657 \ dated \ 06/05/2021 \ from \ Main \ Stamp \ Duty \ Office \ \\ \end{array}$ 

Master Policy Number: 62-20-00216-00-00 Certificate Number: GFB-BT-21-2007752

Date: **05-08-2021** Place: **Mumbai** 

Note: Amount is inclusive of all taxes and cesses as applicable. This certificate must be surrendered to the Insurance Company for issuance of fresh certificate in case of cancellation of Master Policy or any alteration in the insurance affecting the premium.

# Health Insurance Aditya Birla Health Insurance Co. Limited (A subsidiary of Aditya Birla Capital Ltd.)



# **HDFC Transcript**

Section	Transcript	
A	Introduction	
	Good Morning/Afternoon/Evening Sir / Madam, Am I speaking to Mr.PRATAP KUMAR KALE? This is chande,adfc106080,AV00108347 calling from HDFC BANK LTD. Would also like to highlight that Hdfc Bank and Aditya Birla Health Insurance Company have partnered together to promote Aditya Birla's Health Insurance products to our valued customers This call is regarding product name cover for which you have shown interest in buying through HDFC Bank CC/HDFC Bank Net Banking. We understand that you or any members is not looking for porting your existing policy to Aditya Birla Health Insurance	OK
	You are Indian national & residing in India right?	YES

В	Product Features	
	Health Insurance of SI Rs <b>10L</b> on individual basis and/or family basis is calculated basis your age/family members age, which gives you cashless mediclaim facility in network hospitals all over India. Updated network hospital list is available on our company's website: WWW.ADITYABIRLAHEALTH.COM. If the treatment is undertaken in a non-network hospital, you get reimbursement of your hospitalization expenses after submission of all documents	ОК
	This policy has a waiting period for 2 years for medical conditions like Hernia, Cataract, Piles, gall bladder stones & kidney stones. This list is not exhaustive and can be checked by calling our toll free no	OK
	Also please note that the policy will not cover any medical hospitalization for first 30 days, however Accidental hospitalization will be covered from day one.	OK
	Minimum 24 hours of hospitalization is required for all inpatient treatment	OK
	Dental & cosmetic surgery is not covered in this policy. Dental treatment and Cosmetic surgery arising out of accident is covered	OK
	Insured is eligible for treatment in Single Private AC room. All other charges are in correspondance to the room charges	OK
	This policy also includes Pre & Post Hospitalization expenses [60 days before hospitalisation and 90 days after discharge]	OK
	Day care benefits that requires less than 24 hours hospitalisation like cataract or gall stone surgery. Aditya Birla covers 527 of such day care benefits	OK
	Transportation by ambulance to the Hospital for emergency treatment is covered upto Rs 5000 in case of emergency	OK
	Medical expenses incurred towards in-patient hospitalization of the donor in case of major organ transplant	OK
	Hospital Cash benefits Rs 1000 per day with deductible of 1 day, Limits per Hospitalization Claim is 10 days & Limit per Policy Year is 30 day	OK
	<ul> <li>a. Personal Accident cover which covers the insured's life against any accidental death or permanent total or partial disability for Rs 10L</li> <li>b. In case of Accidental death or permanent total disablement, then in addition to the amount payable under that Section, a lump sum amount of Rs10L towards the education of the surviving Dependent Children.</li> <li>c. In case of permenant disablement (total or partial) resulting from an accident a lump sum benefit of Rs 10L will be paid.</li> <li>d. Policy also covers Ambulance charges of Rs 10,000 for accidental hospitalization</li> <li>e. Funeral Expense- In the event of accidental death the policy provides 1% of Sum insured to the nominee of the insured for funeral ceremony.</li> </ul>	OK
	A Lump sum benefit of Rs <b>0</b> will be paid to the insured on first diagnosis of the listed 15 critical illness with a initial waiting period of 90 days post policy inception	OK

С	Insured details	
	Name	Date of Birth
	Mr.PRATAP KUMAR KALE	15-08-1981
	Mrs.Swati Jagadabi .	06-03-1986
	Mr.Amit kale .	03-07-2010
	Ms.chanmudra Charanvi kale	12-06-2015

Nominee Details	
Name	Relationship with Proposer
Mrs.Swati Jagadabi	Spouse

D	Pre Existing Diseases / Lifestyle	
	Group Activ Health-Has any of the insured ever been diagnosed with or had signs/symptoms or advised/taken treatment or surgery for any of the following: Heart Disease, Peripheral Vascular Disease, procedures like Angioplasty/PTCA/By Pass Surgery, Diabetes, High blood pressure, Anaemia/Blood disorder, Tuberculosis (TB), any Respiratory / Lung disease, Disease of Eye, Ear, Nose, Throat, Thyroid, Paralysis, Polio, Cancer, Tumor, Lump, Cyst, Ulcer, Disease of Kidney, Liver/Gall Bladder, Pancreas, Digestive tract, Breast, Reproductive/Urinary system or Complications of pregnancy, Disease of the Brain/Spine/ Nervous system, Epilepsy, Joints/Arthritis, Congenital/Birth defect, Physical deformity/disability, HIV/AIDS, Sexually Transmitted Disease, Any other pre-existing disease/abnormal test reports (apart from viral fever or common cold, malaria or common diarrhea)"	NO
	Group Activ Secure- Have you or any of the proposed member(s) consulted a specialist doctor or have been investigated medically or advised/undergone treatment for any of the listed diseases: 1. Cancer 2. Myocardial Infarction 3. Bypass surgery for Heart 4. Open Heart Replacement or Repair of Heart Valves 5. Coma 6. Kidney Failure 7. Stroke 8. Major Organ/ Bone Marrow Transplant 9. Permanent Paralysis of Limbs 10. Motor Neuron Disease 11. Multiple Sclerosis*	NO
	Sir / Madam hope all the above information is true to the best of your knowledge, since any miss representation of facts can lead to rejection at the time of claims	YES

E	Authorization	
	Dear Sir/Madam, to assess and underwrite the risk, the Company requires certain personal information and health details. Such information shall be retained by the Company and disseminated on need to know basis to its service provider(s) for the purposes of insurance and other related services. Kindly provide your consent	YES
	The premium amount for your insurance policy is Rs. <b>1416.00</b> for 1 years. Kindly provide your consent for debiting this amount on your credit card / bank account and process the proposal	OK
	Please note that the premium will be blocked from your HDFC Credit Card/Bank account. We will make 3 attempts to debit the premium from your card account. May we debit this amount from your HDFC Bank Credit Card?	YES
	We would like to inform you that there are fees to be charged by the Bank, details of which are available on the HDFC Bank website. Should we debit this amount on your Credit Card / Bank account and issue the policy?	YES
	Premiums are based on the age of the insured person and the Sum Insured requested	OK
	You will be entitled for a Free Look period of 15 days from the date of receipt of the policy to review its terms and conditions. In case you disagree with or object to any terms or conditions of the Policy, you have an option to request for cancellation of the policy stating the reasons for cancellation. The premium paid by you will be refunded after deducting the expenses incurred by us on medical check - up, stamp duty charges and proportionate risk premium."	ОК
	We would like to bring to your notice that the cover starts from the date when premium amount is received by Aditya Birla Health Insurance Company from the card account/bank account and fulfilment of all requirements. It is 1 yr policy and has to be renewed after expiry of every term to continue your cover	OK
	There will not be any refund of premium amount post expiry of the cover. Kindly note, in case of the cancellation request during the policy period, the termination clause mentioned in the policy wordings shall be applicable, and premium shall be refunded on a pro-rata period basis if eligible.	OK
	Thank you Sir/Madam, thank you for your consent towards the cover. Kindly note that your HDFC Bank Credit Card / Bank account will be debited towards premium of Rs. 1416.00 only	OK
	Thank you Sir/Madam, we will process your policy and the premium will reflect in your HDFC Bank Credit Card statement. Request you to please maintain the Credit Card limit upto premium of Rs. 1416.00 in your HDFC Bank Credit Card amount so that your request can be processed	OK

F	Closure	
	Thank you very much for confirming the details. This is <b>chande and adfc106080</b> calling from HDFC BANK LTD.Please note my name and emp id for any future reference. We will send a copy of your policy and details confirmed by you on this call on email id registered with the Bank.	OK
	May I confirm the last 4 digits of your Credit card Number	5387
	Thank you very much for re-confirming the details. As a part of our process, we will be transferring your details to Aditya Health Insurance team. They will do a final verification confirming all above details shared with you.PI spare some time and provide your final consent enabling Aditya Birla Health Insurance team to issue the policy post premium amount gets debited to your card account	OK

Product Name: Group Activ Secure, Product UIN: IRDAI/HLT/ABHI/P-H(G)/V.1/18/2016-17.
Address: 9th Floor, Tower 1, One World Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013. Telephone: 1800 270 7000, Email: <a href="mailto:care.healthinsurance@adityabirlacapital.com">care.healthinsurance@adityabirlacapital.com</a>, Website:adityabirlahealthinsurance.com. Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited and being used by Aditya Birla Health Insurance Co. Limited under licensed user agreement(s).



# Health Insurance Aditya Birla Health Insurance Co. Limited

(A subsidiary of Aditya Birla Capital Ltd.)



## **Group Activ Health - Certificate of Insurance**

Policy Issuing Office  Aditya Birla Health Insurance Co. Limited, 10th Floor, R-Tech Park, Nirlon Compound, Goregaon-East, Mumbai-400063		Policy Servicing Office	Aditya Birla Health Insurance Co.Limited, 7th Floor, Modi Business Centre, Kasarvadavali, Thane(W) - 400615
Master Policyholder Name	M/s HDFC Bank		
Master Policy Number 71-20-00040-00-00		Certificate Number	GHI-BT-21-2007768
Product Name	<b>Group Activ Health</b>	Member ID	HD-0000304627-01
		Unique Identification Number	HDFCGA03082021000046
Contact Details	8888480994		

Start date & Time of Master Policy	00:01 hrs 04-04-2021
Expiry Date & Time of Master Policy	23:59 on 03-04-2022
Period of Insurance	1 yr
Inception Date	00:01 hrs 05-08-2021
End Date	23:59 on 04-08-2022
Coverage Type	Family Floater

#### **Insured Person Detail**

Insured Person	Date of Birth	Gender	Nominee	Relationship	Sum Insured
Mr.PRATAP KUMAR KALE	15-08-1981	Male	Swati Jagadabi	Spouse	10L
Mrs.Swati Jagadabi .	06-03-1986	Female			
Mr.Amit kale .	03-07-2010	Male			
Ms.chanmudra Charanvi kale	12-06-2015	Female			

Benefit Description	
Group Mediclaim	Refer Coverage Details

Policy Exclusions	
Group Mediclaim	As per Annexure I

### **Premium Details**

Particulars	Amount (Rs.)
Net Premium	11702.54
CGST(9%)	1053.23
SGST/UTGST(9%)	1053.23
IGST(18%)	
Gross Premium	13809.00
Premium payment mode	Annual

GST Registration No. 27AANCA4062G1ZN Category: General Insurance SAC Code:997133

Claim Process

Please contact us through any of these Modes	Address for Correspondence	Aditya Birla Health Insurance Company Limited, Claims Dept, 5th Floor, C building, Modi Business Centre, Kasarvadavali, Thane West - 400615
	Contact Number	1800 270 7000
	Email ID	care.healthinsurance@adityabirlacapital.com

#### Grievance Redressal

In case of a grievance, the Insured Person/Policyholder can contact Us with the details through our website: www.adityabirlacapital.com,Email:care.healthinsurance@adityabirlacapital.com or Toll Free: 1800 270 7000. Address: Any of Our Branch office or Corporate office. For senior citizens, please contact respective branch office of the Company or call at 1800 270 7000 or write an e-mail at seniorcitizen.healthinsurance@adityabirlacapital.com. The Insured Person can also walk-in and approach the grievance cell at any of Our branches. If in case the Insured Person is not satisfied with the response, then they can contact Our Head of Customer Service at the following email carehead.healthinsurance@adityabirlacapital.com. If the Insured Person is still not satisfied with Our redressal, he/she may approach the nearest Insurance Ombudsman. The contact details of the Ombudsman offices are provided on Our website and in the Policy.

### PREMIUM CERTIFICATE

Premium Certificate for the purpose of deduction under Section 80-(D) of Income Tax (Amendment) Act 1986.

This is to certify that **Mr.PRATAP KUMAR KALE** paid Rs.**13809.00** towards Premium for Health Insurance for the Period From 00:01 hrs on **05-08-2021** to midnight **04-08-2022**.

Instrument Number	Instrument Date	Amount	Name of the Bank
ABHI_CC_05082021	05-08-2021	13809.00	

Stamp Duty -:The stamp duty of INR 1 paid vide MH000668097202122E dated 23/04/2021, MH000677118202122E dated 23/04/2021, MH000730185202122E dated 26/04/2021, MH000728952202122E dated 26/04/2021, received from Stamp Duty Authorities vide Receipt No./GRASS DEFACE NO 0000483978202122 dated 05/05/2021, 0000484021202122 dated 05/05/2021, 0000484045202122 dated 05/05/2021, 0000484062202122 dated 05/05/2021, payment has been made vide Letter of Authorisation No. CSD/34/2021/1657 dated 06/05/2021 from Main Stamp Duty Office Master Policy Number: 71-20-00040-00-00 Certificate Number: GHI-BT-21-2007768

Date: 05-08-2021 Place: Mumbai

Note: Amount is inclusive of all taxes and cesses as applicable. This certificate must be surrendered to the Insurance Company for issuance of fresh certificate in case of cancellation of Master Policy or any alteration in the insurance affecting the premium.

#### **Coverage Details**

Section II : Base Covers			
	Base Covers	Coverage	
1.1	In-patient Hospitalization	INR 10L Room rent Single Private AC Room (All other charges like professional fees, OT charges, investigation charges/ lab reports will be in accordance with the room rent restriction). ICU – Actuals	
1.2	Day Care Treatment	527 listed procedures	
1.4	Pre - hospitalization Medical Expenses	60 days	
1.5	Post - hospitalization Medical Expenses	90 days	
1.6	Organ Donor Expenses	Covered	
1.7	Road Ambulance Expenses	INR 5000/-	
2	Hospital Cash	INR. 1000 per day with deductible of 1 day, Limits per Hospitalization Claim - 10 days & Limit per Policy Year - 30 days	

Secti	Section III : Optional Covers			
13	Fitness Assessment	Covered twice in a policy year		
14	Health Returns (Apply on GHI premium)	Self and Spouse will earn HealthReturns @ 30% based on their Healthy Heart Score and their number of Active Days recorded in a month.  *Unique mobile no. & email id of each member will be required for implementation of services.		
21	Health Assessment	Blood pressure check, Body Mass Index, Hip to waist Ratio, MER, Serum Cholesterol and Fasting Blood Sugar.  Email id is mandatory, Soft copy of report will be shared through e-mail.  Health Assessment for self and spouse only.  Service available in network DC.  Customer to be fixed appointment through calls (Toll free number: 1800 270 7000).		
29	Reload of Sum Insured	Up to 100% of sum insured		

Sectio	Section IV : Waivers and Discounts	
41	Pre - Existing Disease Waiting Period	4 years
42	Specified Disease / Procedure Waiting Period	Applicable
43	30 Day waiting Period	Applicable

#### Ecard:

Health Insurance



Toll Free No.: 1800 270 7000

 $We b site: {\bf adityabir lacapital.com/health in surance}$ Email: care.healthinsurance@adityabirlacapital.com POLICY NO.: 71-20-00040-00-00

COI No : GHI-BT-21-2007768

Coverage Start Date : 05-08-2021

Coverage End Date: 04-08-2022

Name	Membership No.	DOB	Relationship
Mr.PRATAP KUMAR KALE	HD-0000304627-01	15-08-1981	Self
Mrs.Swati Jagadabi .	HD-0000304627-02	06-03-1986	Spouse
Mr.Amit kale .	HD-0000304627-03	03-07-2010	Kid1
Ms.chanmudra Charanvi	HD-0000304627-04	12-06-2015	Kid2

Aditya Birla Health Insurance Co. Limited, IRDAI Reg.153. CIN No. U66000MH2015PLC263677. Website: adityabirlacapital.com/healthinsurance Disclaimer: Trademark/Logo Aditya Birla Capital logo is owned by Aditya Birla Management Corporation Private Limited and is used by Aditya Birla Health Insurance Co. Limited under licensed user agreement(s).



# Health Insurance Aditya Birla Health Insurance Co. Limited (A subsidiary of Aditya Birla Capital Ltd.)



## **HDFC Transcript**

Section	Transcript	Customer response
Α	Introduction	
	Good Morning/Afternoon/Evening Sir / Madam, Am I speaking to Mr.PRATAP KUMAR KALE? This is chande,adfc106080,AV00108347 calling from HDFC BANK LTD. Would also like to highlight that Hdfc Bank and Aditya Birla Health Insurance Company have partnered together to promote Aditya Birla's Health Insurance products to our valued customers This call is regarding product name cover for which you have shown interest in buying through HDFC Bank CC/HDFC Bank Net Banking. We understand that you or any members is not looking for porting your existing policy to Aditya Birla Health Insurance	ок
	You are Indian national & residing in India right?	YES

В	Product Features	
	Health Insurance of SI Rs <b>10L</b> on individual basis and/or family basis is calculated basis your age/family members age, which gives you cashless mediclaim facility in network hospitals all over India. Updated network hospital list is available on our company's website: WWW.ADITYABIRLAHEALTH.COM. If the treatment is undertaken in a non-network hospital, you get reimbursement of your hospitalization expenses after submission of all documents.	OK
	This policy has a waiting period for 2 years for medical conditions like Hernia, Cataract, Piles, gall bladder stones & kidney stones. This list is not exhaustive and can be checked by calling our toll free no	OK
	Also please note that the policy will not cover any medical hospitalization for first 30 days, however Accidental hospitalization will be covered from day one.	OK
	Minimum 24 hours of hospitalization is required for all inpatient treatment	OK
	Dental & cosmetic surgery is not covered in this policy. Dental treatment and Cosmetic surgery arising out of accident is covered	ОК
	Insured is eligible for treatment in Single Private AC room. All other charges are in correspondence to the room charges	OK
	This policy also includes Pre & Post Hospitalization expenses [60 days before hospitalisation and 90 days after discharge]	OK
	Day care benefits that requires less than 24 hours hospitalisation like cataract or gall stone surgery. Aditya Birla covers 527 of such day care benefits	OK
	Transportation by ambulance to the Hospital for emergency treatment is covered up to Rs 5000 in case of emergency	OK
	Medical expenses incurred towards in-patient hospitalization of the donor in case of major organ transplant	OK
	Hospital Cash benefits Rs 1000 per day with deductible of 1 day, Limits per Hospitalization Claim is 10 days & Limit per Policy Year is 30 day	ОК
	a. Personal Accident cover which covers the insured's life against any accidental death or permanent total or partial disability for Rs 10L b. In case of Accidental death or permanent total disablement, then in addition to the amount payable under that Section, a lump sum amount of Rs 10L towards the education of the surviving Dependent Children. c. In case of permenant disablement (total or partial) resulting from an accident a lump sum benefit of Rs 10L will be paid. d. Policy also covers Ambulance charges of Rs 10,000 for accidental hospitalization e. Funeral Expense- In the event of accidental death the policy provides 1% of Sum insured to the nominee of the insured for funeral ceremony.	OK
	A Lump sum benefit of Rs <b>0</b> will be paid to the insured on first diagnosis of the listed 15 critical illness with a initial waiting period of 90 days post policy inception	OK

С	Insured details	
	Name	Date of Birth
	Mr.PRATAP KUMAR KALE	15-08-1981
	Mrs.Swati Jagadabi .	06-03-1986
	Mr.Amit kale .	03-07-2010
	Ms.chanmudra Charanvi kale	12-06-2015

Nominee Details	
Name	Relationship with Proposer
Mrs.Swati Jagadabi	Spouse

D	Pre Existing Diseases / Lifestyle	
	Group Activ Health-Has any of the insured ever been diagnosed with or had signs/symptoms or advised/taken treatment or surgery for any of the following: Heart Disease, Peripheral Vascular Disease, procedures like Angioplasty/PTCA/By Pass Surgery, Diabetes, High blood pressure, Anaemia/Blood disorder, Tuberculosis (TB), any Respiratory / Lung disease, Disease of Eye, Ear, Nose, Throat, Thyroid, Paralysis, Polio, Cancer, Tumor, Lump, Cyst, Ulcer, Disease of Kidney, Liver/Gall Bladder, Pancreas, Digestive tract, Breast, Reproductive/Urinary system or Complications of pregnancy, Disease of the Brain/Spine/ Nervous system, Epilepsy, Joints/Arthritis, Congenital/Birth defect, Physical deformity/disability, HIV/AIDS, Sexually Transmitted Disease, Any other pre-existing disease/abnormal test reports (apart from viral fever or common cold, malaria or common diarrhea)"	NO
	Group Activ Secure-Have you or any of the proposed member(s) consulted a specialist doctor or have been investigated medically or advised/undergone treatment for any of the listed diseases: 1. Cancer 2. Myocardial Infarction 3. Bypass surgery for Heart 4. Open Heart Replacement or Repair of Heart Valves 5. Coma 6. Kidney Failure 7. Stroke 8. Major Organ/Bone Marrow Transplant 9. Permanent Paralysis of Limbs 10. Motor Neuron Disease 11. Multiple Sclerosis*	NO
	Sir / Madam hope all the above information is true to the best of your knowledge, since any miss representation of facts can lead to rejection at the time of claims	YES

Е	Authorization	
	Dear Sir/Madam, to assess and underwrite the risk, the Company requires certain personal information and health details. Such information shall be retained by the Company and disseminated on need to know basis to its service provider(s) for the purposes of insurance and other related services. Kindly provide your consent	YES
	The premium amount for your insurance policy is Rs. <b>13809.00</b> for <b>1</b> years. Kindly provide your consent for debiting this amount on your credit card / bank account and process the proposal	OK
	Please note that the premium will be blocked from your HDFC Credit Card/Bank account. We will make 3 attempts to debit the premium from your card account. May we debit this amount from your HDFC Bank Credit Card?	YES
	We would like to inform you that there are fees to be charged by the Bank, details of which are available on the HDFC Bank website. Should we debit this amount on your Credit Card / Bank account and issue the policy?	YES
	Premiums are based on the age of the insured person and the Sum Insured requested	OK
	You will be entitled for a Free Look period of 15 days from the date of receipt of the policy to review its terms and conditions. In case you disagree with or object to any terms or conditions of the Policy, you have an option to request for cancellation of the policy stating the reasons for cancellation. The premium paid by you will be refunded after deducting the expenses incurred by us on medical check - up, stamp duty charges and proportionate risk premium.	ОК
	We would like to bring to your notice that the cover starts from the date when premium amount is received by Aditya Birla Health Insurance Company from the card account/bank account and fulfilment of all requirements. It is 1 yr policy and has to be renewed after expiry of every term to continue your cover	OK
	There will not be any refund of premium amount post expiry of the cover. Kindly note, in case of the cancellation request during the policy period, the termination clause mentioned in the policy wordings shall be applicable, and premium shall be refunded on a pro-rata period basis if eligible.	OK
	Thank you Sir/Madam, thank you for your consent towards the cover. Kindly note that your HDFC Bank Credit Card / Bank account will be debited towards premium of Rs. 13809.00 only	OK
	Thank you Sir/Madam, we will process your policy and the premium will reflect in your HDFC Bank Credit Card statement. Request you to please maintain the Credit Card limit upto premium of Rs. <b>13809.00</b> in your HDFC Bank Credit Card amount so that your request can be processed	OK

F	Closure	
	Thank you very much for confirming the details. This is <b>chande and adfc106080</b> calling from HDFC BANK LTD.Please note my name and emp id for any future reference. We will send a copy of your policy and details confirmed by you on this call on email id registered with the Bank.	ОК
	May I confirm the last 4 digits of your Credit card Number	5387
	Thank you very much for re-confirming the details. As a part of our process, we will be transferring your details to Aditya Health Insurance team. They will do a final verification confirming all above details shared with you.Pl spare some time and provide your final consent enabling Aditya Birla Health Insurance team to issue the policy post premium amount gets debited to your card account	OK

### Aditya Birla Health Insurance Co. Limited. IRDAI Reg.153. CIN No. U66000MH2015PLC263677.

Product Name: Group Activ Health, Product UIN: ADIHLGP21134V022021.

Address: 9th Floor, Tower 1, One World Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013.Email: care.healthinsurance@adityabirlacapital.com, Website: adityabirlahealthinsurance.com, Telephone: 1800 270 7000. Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited and Trademark/logo HealthReturns, Healthy Heart Score and Active Dayz are owned by Momentum Metropolitan Life Limited (Formerly known as MMI Group Limited). These trademark/Logos are being used by Aditya Birla Health Insurance Co. Limited under licensed user agreement(s).

