

पोलिसी अनुसूची/Policy Schedule- National Senior Citizen Mediclaim Policy

पोलिसी नंबर/Policy Number:

311300502410004930

आधिकारी कार्यालय/Business Office

आधिकारी कार्यालय Address: NADIAD

BUSINESS OFFICE 308, 309, PLATINUM

PLAZA, OPP POLICE STAFF QUARTERS,NR SARDAR PATEL

STATION, STATION ROAD,NADIAD -

387001,

राज्य कोड/State Code: 24, Gujarat

जीएसटीआईनं/GSTIN: 24AAACN9967E120

संपर्क संख्या/Contact Number: 9409451505

मोबाइल नंबर/Mobile Number: 0



व्यापार विकास स्रोत/Business Source: 741763

व्यापार विकास स्रोत/Sales Channel Code:

0000155287

नाम/Name: Mr Alpeesh Gandhi

संपर्क संख्या/Contact Number: 9409451505

मेल/Email: customer.support@nic.co.in

UIN: NICLIP25040V042425

दस्तावेज दोस्रे की नंबर/Customer Care Toll Free

Number:1800 348 0330

मेल/Email: customer.support@nic.co.in

प्रारंभ का नाम /Customer Name: MR MAHESHBHAI N KA PATEL

आधार कार्ड/Customer ID: 99999999999999999999

95565006714

पता/Address: 18 JEGISHA PARK SOCIETY NEAR NALANDA

आधार /AADHAR:

SOCIETY,OPP AVYARVEDIC COLLEGE, COLLEGE ROAD

फोन /Phone: *****22

NADIAD, KUTCH, NADIAD, જિલ્લા/District: KHEDA, રાજ્ય/State:

E-mail: *****41@gmail.com

गुજરात, રિપ/PIN: 387001.

कैरेक्ट/Cell: *****22

पोलिसी: 28/12/2024 के 00:00 से 27/12/2025 की मध्य तक प्रभावी /Policy Effective from 00:00 hours, on 28/12/2024 to midnight of 27/12/2025

प्रीमियम/ Premium	₹32,365.00	कवर नोट संख्या और तिथि / Cover Note Number and Date	लगा नहीं/NA
Less/Digital Discount	₹ 0.00		
Total Premium	₹ 32,365.00		
सीजीएसटी/CGST	₹ 2,913.00		
एसजीएसटी/SGST	₹ 2,913.00		
आर्टीजीएसटी/GST	₹ 0.00		
कम/मीमोरी_ट्रीटीएस /Less:GST - TDS	₹ 0.00		
बद्धी शोध स्टाम्प जटी/ Recoverable Stamp Duty	₹ 0.00	स्टाम्प संख्या और तिथि/ Receipt Number and Date	311300812410016045 दस्तावेज/DL 19/12/2024
कुल राशि /Total Amount	₹ 38,181.00	प्रियंका पोलिसी संख्या और समाप्ति तिथि / Previous Policy Number and Expiry Date	311300502310005056दस्तावेज/DL 27/12/2024 311300502110005460दस्तावेज/DL 27/12/2021 311300502210005397दस्तावेज/DL 27/12/2023

(₹38Rupees Thirty Eight Thousand One Hundred Ninety One केवल/Only)
नेट करो सरकारी Government ₹ 0.00
Subsidy.

समावय सारणी/General Summary:

आवरण का 10 बत्तें/Details of Cover

Plan Type : Floater	प्लान/Plan : A
मूल आवरण की राशि गों. /Basic Cover Sum Insured	₹4,00,000.00
संघर्षी बोनस/Cumulative Bonus	₹ 60,000.00
वार्षिक बोनस/Cumulative Bonus	₹ 0
प्रारंभी के आवरण की राशि गों. /Outpatient Cover Sum Insured	₹ 0

विवरण सदस्यों के बत्तण और विकात आवरण/Individual member details and Individual cover:

प्रान्तीकरण / Certificate- National Senior Citizen Medidain Policy

प्रान्तीकरण /Policy Number:

3113005024100004930

बारिल घराना/Swing Office

क्रमांक वर्ष /Office Code: 311300

क्रमांक पा /Office Address: NADIAD

BUSINESS OFFICE 308, 309, PLATINUM

PLAZA, OPP POLICE STAFF QUARTERS, NR SARDAR PATEL STATUE,

STATION ROAD, NADIAD - 387001.

राज्य कोड/State Code: 24, Gujarat

सर्वेक्षण GSTIN: 24AAACN9967E1Z9

सर्वेक्षण Contact Number: 268 2566123

संपर्क चंचल/Mobile Number: ०

क्र.सं/ S.No	भींग मत विक का नाम/ Name of the Insured Person	जन्म-० तिथि आयु/ DOB Age	संविधि विवा/ Relation	० लिंग/ Gender	मूल भवत्ता की रकम/ Sum Insured(₹)	संकुली बोनस/ Cumulative Bonus(₹)
					० सा. /Gender	
1	MAHESHBHAI N KA PATEL	14/08/1961 65 Years	Self Business	M		
2	DAXABEN M KA KACHHIYAPATEL	17/11/1965 59 Years	Spouse Housewife	F		

पीड़ा, परते नियन को तोत्सुक करना (Cover Required for Pre-existing Diabetes : Yes

परते रोगी नियन को तोत्सुक करना (Cover Required for Pre-existing Diabetes : Yes

नामांकित का विवरण/Nominees Details :

नामांकित व्यक्ति का नाम/Name of the Nominee	DAXABEN M KACHHIYAPATEL
नामांकित व्यक्ति का नाम/Name of the Nominee	WIFE

Frequency of Premium Payment:

Installment schedule :

Recurr Instalment	Instalment #	Due Date	Instalment Amount	Remarks
NA	NA	NA	NA	NA

Co-payment Details :-

- Insured opting for cover for Pre-existing diabetes for the first two policy periods, can avail treatment for diabetes, subject to a co-payment of 10%
- Insured opting for cover for Pre-existing hypertension for the first two policy periods, can avail treatment for hypertension, subject to a co-payment of 10%
- Insured opting for cover for Pre-existing diabetes and hypertension for the first two policy periods, can avail treatment for diabetes or hypertension, subject to a co-payment of 25%

दोहरायक विवरण/Optional Copayment details :

सह भुगतान/ co payment %: 0

जाति विवरण/Zone Description
मिशन भुगतान जोन/Premium Paying Zone:

जोन I, गुजरात, दिल्ली और पश्चिमांश, हैरावाड, मुंबई और मुंबई उपनगरीय, लाला और नवी मुंबई, नागपूर, पुणे /Zone I, Gujarat, Delhi & NCR, Hyderabad, Mumbai & Mumbai Suburban, Thane and Navi Mumbai, Nagpur, Pune



नीति नं। /Policy Number:

311300502410004930



नीति नं। /Policy Number:	प्राप्तात्मा कोड /Business Source: 741763
क्षमताया कोड /Policy Code: 311300	बिल वर्ग कोड /Sales Channel Code: 9000155287
क्षमताया का /Office Address: NADAD BUSINESS OFFICE, 308, 309 PLATINUM PLAZA, OPP POLICE STAFF QUARTERS, NR SARDAR PATEL STATUE, STATION ROAD, NADAD - 387007.	नाम Name: Mr Alpesh Gandhi संपर्क संख्या/Contract Number: 9408457505 कर्तव्य कोड/टैले की नंसंख्या/Customer Care Toll Free Number: 1800 945 0330 ईमेल/Email: customer.support@nicl.co.in
राज्य कोड/State Code: 24, Gujarat मोबाइल/Mobile Number: 268 2566123	

टिप्पणी/ Remarks: PREVIOUS POLICY NO. 311300502010007093

PREVIOUS POLICY PERIOD: 28-12-2020 TO 27-12-2021

विस्तृत विवरण/Details: विस्तृत विवरण पौर या शाहीतामी को निश्चिव भौषिण किया जा सकता है उसके हित निश्चिव विष जाए। यह अनुसूची, संतान वीजिसी, राज्य, पृष्ठान की ओर प्राप्ती करने, जो कोनी बेसार्ट <https://nationalinsurance.nicl.co.in> पर उपलब्ध है, को एक अनुबंध के रूप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अधिकांश विस्तृत तिप यदृ विविध अर्थ जीविसी या अनुसूची के किसी भी विस्तृत या अनुसूची के जरूर जरूर भी जल्दीवित हो। यह आधिकारिक दिया जाता है कि भीत्रियम चेक की अवस्था की अवस्था की अवस्था में, यह दस्तावेज खत: जारी से ही निश्चिव भानी जाएगी। **IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 19December/2024. This schedule, the attached policy, the clauses, the endorsements and policy/ wordings as available in the website <https://nationalinsurance.nicl.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED AB INITIO.**

प्रधानमन्त्रीयानियोगी और अधिकारी का विवर/Insurance Ombudsman Details: Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD - 380 001.

Tel: 079- 25501201/205/06
Email: bimalokpal@niclins.co.in

रक्त चुटी Stamp Duty: (₹ 1.00)

कृपया निश्चिव इन्स्योरेस कम्पनी निश्चिव/
For and on behalf of National
Insurance Company Limited

अधिकृत हस्ताक्षरको/ Authorized Signatory

प्राप्ति नं. /Policy Number:

गांधी नं. /Policy Number:

गांधी



गांधी नं. /Policy Number:	311300502410004930



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ग्राहक प्रमाणपत्र/Premium Certificate
(For the purpose of deduction u/s 80D of Income Tax (amendment) Act, 1986)

This is to certify that MR.MAHESHBHAI N KA.PATEL KACHHIVAPATEL has paid ₹ 38,191.00 (in words) Thirty Eight Thousand One Hundred Ninety One Only) towards premium for National Senior Citizen Mediclaim Policy Insurance vide Policy no.311300502410004930 for the period from 28/12/2024 to 27/12/2025 by instrument No. 000305 dated 19/12/2024.
ए. प्रमाणित किया जाता है कि MR.MAHESHBHAI N KA.PATEL KACHHIVAPATEL ने रुपये ₹ 38,191.00 के बहल दसवें संख्या Thirty Eight Thousand One Hundred Ninety One रुपयों का भुगतान किया है।
प्रमिल Premium ₹32,365.00 CGST ₹2,913.00 SGST ₹2,913.00. IGST ₹0.00. स्वीद संख्या 311300812410016045 के बाट भुगतान की गयी। Payment received vide receipt no.311300812410016045 Dated 19/12/2024.

हमें नेशनल इंस्योरेंस कंपनी लिमिटेड/

For National Insurance Company

विधिवत रूप से अधिकृत प्राप्तिकरण/

Duly Constituted Authority

नोट : पोलिसों को एक करने या प्रोटोकॉल को प्रभावित करने वाले विषय में किसी तरफ के घटरताव के मामले में एक साधारणतः के जरी रहने के लिए एक साधारण प्रक्रिया की समीक्षित करना चाहिए।/ Note: This Certificate must be surrendered to the insurance company for issuance of fresh certificate in case of cancellation of the policy or any alteration in the insurance affecting the premium

FEDERAL TAX INVOICE

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THE JOURNAL OF CLIMATE

Invoicedate: 10/12/2024

NADAD BUSINESS OFFICE, 308, 309, PLATINUM PLAZA, OPP POLICE STAFF QUARTERS, NR SARDAR PATEL STATUE, STATION ROAD, NADAD - 387001
State : 24, Gujarat
GSTIN No : 24AACNB986TE120

Address : 18 JIGISHA PARK SOCIETY NEAR NALANDA SOCIETY, OPP. AYURVEDIC COLLEGE COLLEGE ROAD, NADIA
City : NADIA,
District: KHEDA,
State: GUJARAT,
Pin: 387001.

कृते नेपाल इन्डोरेस कंपनी लिमिटेड

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स्कॉल द्वारा प्रकाशित | 10/12/2024 | सार्वजनिक ID: 31130098

Page No. 5

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

S No.	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	Policy Clause No.
1.	Name of Insurance Product	National Senior Citizen Mediclaim Policy	
2.	Policy number	311300502410004930	
3.	Type of Insurance Product	Both Indemnity and Benefit	
4.	Sum Insured	400000	
5.	Policy Coverage (what the policy covers?)	<p>Expenses in respect of:</p> <ul style="list-style-type: none"> a. Admission in Hospital beyond 24 hrs b. Pre-hospitalisation (treatment prior to admission in hospital) of 30 days c. Post-hospitalisation (treatment after discharge from hospital) within 60 days from date of discharge d. Domiciliary Hospitalisation e. Procedures requiring less than 24 hours of hospitalization (day care), f. AYUSH Treatment g. HIV / AIDS h. Mental Illness i. Organ donor's medical expenses j. Ambulance k. Modern Treatment (12 In Number) l. Morbid Obesity Treatment m. Correction of Refractive Error (equal to or more than 7.5 dioptres) <p>The cover will depend on the plan opted.</p> <p>Additional Benefits Available in Plan B:</p> <ul style="list-style-type: none"> a. Hospital Cash for maximum of 5 days b. Doctor's Home Visit / Aya / Nurse / Attendant Charges during post hospitalisation c. Funeral Expenses d. Reinstatement of Sum Insured if exhausted due to Road Traffic Accident <p>Good Health Incentives:</p> <ul style="list-style-type: none"> a. Cumulative Bonus (CB) b. Preventive Health Check Up <p>Optional Covers:</p> <ul style="list-style-type: none"> a. Pre-existing Diabetes and/or Hypertension b. Out-patient treatment c. Critical illness d. Personal Accident 	3.1.1 3.1.2 3.1.3 3.1.4 3.1.5 3.1.6 3.1.7 3.1.8 3.1.9 3.1.10 3.1.11 3.1.12 3.1.13 3.2 3.2.1 3.2.2 3.2.3 3.2.4 3.3 3.3.1 3.3.2 8 8.1 8.2 8.3 8.4
6.	Exclusions (what the policy does not cover)	<p>Permanent Exclusions:</p> <ul style="list-style-type: none"> a. Investigation & Evaluation (Excl 04) b. Rest Cure, Rehabilitation and Respite Care (Excl 05) c. Obesity/ Weight Control (Excl 06) d. Change-of-Gender Treatments (Excl 07) e. Cosmetic or Plastic Surgery (Excl 08) f. Hazardous or Adventure Sports (Excl 09) g. Breach of Law (Excl 10) h. Excluded Providers (Excl 11) i. Drug/Alcohol Abuse (Excl 12) j. Non Medical Admissions (Excl 13) k. Vitamins, Tonics (Excl 14) l. Refractive Error (Excl 15) m. Unproven Treatments (Excl 16) n. Birth control, Sterility and Infertility (Excl 17) o. Maternity (Excl 18) p. Hormone Replacement Therapy q. General Debility, Congenital External Anomaly r. Self Inflicted Injury s. Stem Cell Surgery t. Circumcision u. Vaccination or Inoculation v. Massages, Steam Bath, Alternative Treatment (Other than AYUSH) w. Dental treatment x. Out Patient Department (OPD) 	5.1 5.2 5.3 5.4 5.5 5.6 5.7 5.8 5.9 5.10 5.11 5.12 5.13 5.14 5.15 5.16 5.17 5.18 5.19 5.20 5.21 5.22 5.23

	<table border="1"> <tr> <td>Hospital cash (per individual)</td><td>x</td><td>INR 500/- per day for 5 days (in excess of 3 days)</td></tr> <tr> <td>Aya, Doctor's home visit charges and nursing care during Post-Hospitalisation (per individual)</td><td>x</td><td>INR 500/- per day for 7 days</td></tr> <tr> <td>Funeral expenses (per individual)</td><td>x</td><td>Up to INR 5,000</td></tr> </table>	Hospital cash (per individual)	x	INR 500/- per day for 5 days (in excess of 3 days)	Aya, Doctor's home visit charges and nursing care during Post-Hospitalisation (per individual)	x	INR 500/- per day for 7 days	Funeral expenses (per individual)	x	Up to INR 5,000								
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Aya, Doctor's home visit charges and nursing care during Post-Hospitalisation (per individual)	x	INR 500/- per day for 7 days																
Funeral expenses (per individual)	x	Up to INR 5,000																
II. Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured),	<p>Depending upon the zone for which premium has been paid and the zone where treatment has been taken, Copayment shall apply. The country has been divided into two zones, Zone 1 - Gujarat, Delhi & NCR, Hyderabad, Mumbai & Mumbai Suburban, Thane and Navi Mumbai Nagpur, Pune Zone 2 – Rest of India</p> <p>Copayment of 10% if insured paying premium as per Zone II but availing treatment in Zone I</p>	3.2.1 3.2.2 3.2.3 6.17.7																
III. Deductible	None																	
IV. Any other limit	None																	
9. Claims / Claims Procedure	<p>For Cashless Service</p> <p>I. Notification of claim to be provided as per table below.</p> <table border="1"> <thead> <tr> <th>Notification of claim for Cashless facility</th> <th>TPA must be informed:</th> </tr> </thead> <tbody> <tr> <td>In the event of planned hospitalization</td> <td>At least seventy two hours prior to the insured person's admission to network provider/PPN</td> </tr> <tr> <td>In the event of emergency hospitalization</td> <td>Within twenty four hours of the insured person's admission to network provider/PPN</td> </tr> </tbody> </table> <p>ii. Cashless facility for treatment in network hospitals can be availed, if TPA service is opted.</p> <p>iii. Treatment may be taken in a network provider and is subject to pre authorization by the TPA. Booklet containing list of network provider shall be provided by the TPA. Updated list of network provider is available on website of the Company and the TPA mentioned in the schedule.</p> <p>iv. Cashless request form available with the network provider and TPA shall be completed and sent to the TPA for authorization.</p> <p>v. The TPA upon getting cashless request form and related medical information from the insured person/ network provider shall issue pre-authorization letter to the hospital after verification.</p> <p>vi. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.</p> <p>vii. The TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.</p> <p>viii. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the TPA for processing.</p> <p>For Reimbursement of Claim</p> <p>I. Notification of claim to be provided as per table below.</p> <table border="1"> <thead> <tr> <th>Notification of claim for Reimbursement</th> <th>Company/TPA must be informed:</th> </tr> </thead> <tbody> <tr> <td>In the event of planned hospitalization</td> <td>At least seventy two hours prior to the insured person's admission to hospital</td> </tr> <tr> <td>In the event of emergency hospitalization</td> <td>Within twenty four hours of the insured person's admission to hospital</td> </tr> </tbody> </table> <p>ii. For reimbursement of claims the insured person may submit the necessary documents to TPA (if claim is processed by TPA)/Company (if claim is processed by the Company) within the prescribed time limit.</p> <table border="1"> <thead> <tr> <th>Type of claim</th> <th>Time limit for submission of documents to Company/TPA</th> </tr> </thead> <tbody> <tr> <td>Reimbursement of hospitalisation, pre hospitalisation expenses and ambulance charges</td> <td>Within 30 days of date of discharge from hospital</td> </tr> </tbody> </table>	Notification of claim for Cashless facility	TPA must be informed:	In the event of planned hospitalization	At least seventy two hours prior to the insured person's admission to network provider/PPN	In the event of emergency hospitalization	Within twenty four hours of the insured person's admission to network provider/PPN	Notification of claim for Reimbursement	Company/TPA must be informed:	In the event of planned hospitalization	At least seventy two hours prior to the insured person's admission to hospital	In the event of emergency hospitalization	Within twenty four hours of the insured person's admission to hospital	Type of claim	Time limit for submission of documents to Company/TPA	Reimbursement of hospitalisation, pre hospitalisation expenses and ambulance charges	Within 30 days of date of discharge from hospital	6.17.1 6.17.2 6.17.1 6.17.3 6.17.5
Notification of claim for Cashless facility	TPA must be informed:																	
In the event of planned hospitalization	At least seventy two hours prior to the insured person's admission to network provider/PPN																	
In the event of emergency hospitalization	Within twenty four hours of the insured person's admission to network provider/PPN																	
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Type of claim	Time limit for submission of documents to Company/TPA																	
Reimbursement of hospitalisation, pre hospitalisation expenses and ambulance charges	Within 30 days of date of discharge from hospital																	

Reimbursement of hospitalisation expenses and doctors home visit and nursing care during post hospitalisation	post hospitalisation treatment	Within 30 days from completion of post hospitalisation treatment
Reimbursement of hospitalisation expenses under Plan A	Within 30 days from completion of a certificate on state of patient	Within 30 days from completion of a certificate on state of patient
Reimbursement of preventive health check-up expenses under Plan A	Within 6 (six) months of the completion of a block of 2 policy period (to be submitted to the policy issuing office only)	Within 6 (six) months of the completion of a block of 2 policy period (to be submitted to the policy issuing office only)
Reimbursement of preventive health check-up expenses under Plan B	Once every year, within 30 days from expiry of policy (to be submitted to the policy issuing office only)	Once every year, within 30 days from expiry of policy (to be submitted to the policy issuing office only)
Procedure for Reimbursement of Claim under Domiciliary Hospitalisation	For reimbursement of claims under domiciliary hospitalisation, the Insured may submit the necessary documents to TPA (if claim is processed by TPA)/Company (if claim is processed by the Company) within the prescribed time limit.	
For Out-patient Treatment Claims	Documents supporting all out-patient treatments shall be submitted to the TPA/ Company twice during the policy period, within thirty days of completion of six month period.	
For Critical Illness Claims	Documents supporting the diagnosis shall be submitted to the Company within sixty days from the date of diagnosis of the critical illness.	
For Personal Accident Claims	8.2.2	
Claim Settlement		
i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.	8.3.3	
ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.	8.4.3.1	
iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.	6.3	
iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.		
Turn Around Time (TAT) for claims settlement:		
i. TAT for preauthorization of cashless facility – 2 hours from the time last necessary document is received by TPA	8.3.3	
ii. TAT for cashless final bill authorization – 2 hours from the time discharge bill is received by TPA	8.4.3.1	
Network Hospital Details: https://nationalinsurancenicl.com/en/health-insurance/divise-wiseshi-don-hospitals		
Helpline Number: 1800 345 0330		
Downloading Claim form: https://nationalinsurancenicl.com/en/health-insurance		
10. Policy Servicing		
E-mail: Phone : 0 Post: NADIA BUSINESS OFFICE-308, 309, PLATINUM PLAZA, OPP POLICE STAFF QUARTERS, NR SARDAR PATEL STATUE, STATION ROAD,NADIA - 387001		
11. Grievances/Complaints	In case of any grievance the insured person may contact the company through Website: https://nationalinsurancenicl.co.in/en/grievance E-mail: customer.relations@nicl.co.in Helpline No.: 1800 345 0330 Phone : (033) 6811 0000 Post: CRM Dept., National Insurance Co. Ltd., Premises No. 18-0374, Plot no. CBD-81, Rajnagar, New Town, Kolkata - 700156 Insurance Ombudsman – As per Appendix IV attached to Policy.	
12. Things to Remember	Free Look Period You may cancel the insurance policy if you don't want it, within 15 days from the beginning of the policy. (Not applicable on renewals) If the insured has not made any claim during the Free Look Period, the insured shall be entitled to	
	6.13	

	<p>i. 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 ii. 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 iii. Where only a part of the Insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.</p> <p>Policy Renewal Except fraud, moral hazard or misrepresentation or noncooperation renewal of your policy shall not be denied, provided the policy is not withdrawn.</p>	6.9
Migration and Portability:		
<ul style="list-style-type: none"> • 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. • 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 	<p>Change in Basic Sum Insured:</p> <ul style="list-style-type: none"> i. Basic Sum Insured can be enhanced only at the time of renewal. Sum Insured can be enhanced to the next slab subject to discretion of the company. ii. For the incremental portion of the Basic Sum Insured, the Waiting Periods shall apply. Coverage on enhanced Basic Sum Insured shall be available after the completion of Waiting Periods. <p>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 eight continuous years would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	<p>6.11</p> <p>6.7</p> <p>6.8</p> <p>6.23</p>
13. Your Obligations	<ul style="list-style-type: none"> • Please disclose all Pre-Existing Diseases or condition/s before buying a Policy. • Non-disclosure may affect the claim settlement. • The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder. • "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. 	6.1

Legal Disclaimer
The information above must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.

Declaration by the Policy Holder:

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

Place:

Date:

(Signature of the Policyholder)

Insurance is the Subject matter of Solicitation