



2806203720881701000

Mr Joydeep Mukherjee
390 North Nilachal Birati Azad Hind Club
Kolkata West Bengal-700051
Contact No.: 9830462757

Policy No : 2806203720881701000

| Intermediary Code | Intermediary Name | Intermediary Contact Number |
|-------------------|-------------------|-----------------------------|
| | | |

Renewal of Your Easy Health Floater Standard Insurance Policy

Dear Mr Joydeep Mukherjee ,

Welcome to HDFC ERGO General Insurance Company Limited. We are pleased to issue you Renewal of Your Easy Health Floater Standard Insurance Policy. We advise you to retain your Policy Kit during the entire term of the Policy (including renewals).

Please note that the Policy has been issued to you based on the declarations, details and documents received from/on behalf of you in/along with the Proposal Form submitted to us.

Please visit our website www.hdfcergo.com for more information about our Company, Grievance handling and any other support. To know the updated list of our network hospitals please visit <http://www.hdfcergo.com/our-hospitals-network.aspx>

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

Warm Regards,



Authorized Signatory

Location: Mumbai

Date: 05/10/2021

Note:

1. Please update us with your latest contact details (in case of any change) so that same can be updated in our records.
2. You can either email us on care@hdfcergo.com or call on our Customer care no. 022 6234 6234 / 0120 6234 6234.
3. *The Copy of the proposal form has been sent on your registered email id if policy is purchased through website.

Certificate for the purpose of deduction under Section 80 D of Income Tax Act, 1961*

This is to certify that the Proposer JOYDEEP MUKHERJEE has paid Rs.9736 (Rupees NINE THOUSAND SEVEN HUNDRED THIRTY-SIX) towards premium for Policy No. 2806203720881701000 issued to MR JOYDEEP MUKHERJEE for period 07-Oct-2021 to 06-Oct-2022.

Location: Mumbai

Date: 05/10/2021

For and on behalf of HDFC ERGO General Insurance Company Limited



Authorized Signatory

*Note

1. This is subject to the provisions of Section 80D of Income Tax Act, 1961 as amended from time to time.
2. This certificate must be surrendered to the company in case of cancellation of this policy. In event of incorrect representation of this declaration the liability shall be upon the Policyholder.
3. Please note that this certificate will not be issued if the premium payment has been made in cash.
4. In case of dishonor of the premium instrument, the policy will be deemed cancelled ab initio.
5. 80D benefit is applicable for only Self, Spouse, Dependent Children and Dependent parents.

Policy Schedule - Easy Health Floater Standard

| | | | |
|--------------------------------------|---|---|---|
| Policy Number | 2806 2037 2088 1701 000 | | |
| Policy Holder's Name | Mr Joydeep Mukherjee | | |
| Policy Holder's Address | 390 North Nilachal Birati Azad Hind Club Kolkata West Bengal-700051 | | |
| Policy Holder State Name & Code | West Bengal & 19 | Place of Supply | WEST BENGAL |
| GSTIN/ UIN (if any) of Policy Holder | | | |
| First policy inception date | 07/10/2015 | Policy Issuance Date | 05/10/2021 |
| Policy Period | From 00:01 hrs on 07/10/2021 To 24:00 hrs on 06/10/2022 | | |
| Issuing/Servicing Office | KOLKATA | | |
| GSTIN | 19AABCL5045N1Z5 | | |
| Intermediary Name | | Intermediary Contact No | |
| Intermediary Code | | Description/ Harmonized System Of Nomenclature Code | Accident and Health insurance Services/9971 |

| Insured Person Details | | | | | | |
|---------------------------------|--|---|----------|----------|----------|----------|
| Particulars / Member ID | Member 1 Mrs Aparna Gupta Mukherjee / 2020010002251034 | Member 2 Baby Sanghavi Mukherjee / 2020010002251039 | Member 3 | Member 4 | Member 5 | Member 6 |
| Date of Birth (Age) | 14/01/1981 (40) | 12/11/2013 (7) | - | - | - | - |
| Relationship to Policy Holder | Wife | Daughter | - | - | - | - |
| Base Sum Insured (₹) | 300000 | | | | | |
| Cumulative Bonus (₹) | 180000 | | | | | |
| Protector Rider Sum Insured (₹) | - | | | | | |
| Total Sum Insured (₹) | 480000 | | | | | |

| Other Riders and Benefits (₹) | | | | | | |
|---|---|---|---|---|---|---|
| Protector Rider | - | | | | | |
| Hospital Daily Cash Rider SI (Max. 30 days) | - | | | | | |
| Critical Advantage Rider SI | - | - | - | - | - | - |
| IPA Rider SI | - | - | - | - | - | - |
| Critical Illness SI | - | - | - | - | - | - |

| Nominee Details | |
|--|---|
| Nominee Name : Mr Joydeep Mukherjee | Relationship to Policyholder: Policy Holder |
| The nominee must be an immediate relative of the policyholder. For all other Insured Persons the policy holder shall be the nominee. | |

| Premium Calculation (₹) | | | |
|--|---|-------------------------|-------|
| Net Premium | 7358 | CGST@9% | 742.5 |
| Discounts | 0 | SGST/UTGST@9% | 742.5 |
| Loadings | 893.4 | IGST@0% | 0 |
| Taxable Premium | 7358 | Any other Cess or Taxes | 0 |
| Gross Premium | 9736 | | |
| Gross Premium (in words) | Rupees Nine Thousand Seven Hundred Thirty-Six | | |
| The stamp duty of Rs. 1/- (Rupees One Only) paid vide e-stamp Certificate No. CSD/67/2021/2096 dated 24/06/2021. | | | |
| Original for Recipient/ Duplicate for Supplier | | | |
| Whether tax is payable on reverse charge basis: No | | | |

| Exclusion(s) / Special Condition(s) (Refer the leaflet attached in the policy document w.r.t. exclusions) : | | | | | | |
|---|----------------------------|----------------|------------------|------------------|----------------------------|---|
| Member ID No. | Name | Exclusion Type | Applicable on SI | Health Condition | Exclusion Duration (Years) | Portability/ Renewal Benefit |
| 2020010002251039 | Baby Sanghavi Mukherjee | | | | | For Rs 300000(Rupees Three Lakhs) Sec 6 A (i) and Sec 6 A (ii) Sec 6 A (iii) of the policy wording is waived. |
| 2020010002251034 | Mrs Aparna Gupta Mukherjee | | | | | For Rs 300000(Rupees Three Lakhs) Sec 6 A (i) and Sec 6 A (ii) Sec 6 A (iii) of the policy wording is waived. |

| LOADING | | |
|--------------------------|----------------------------|--|
| Member ID No. of Insured | Person Name | Loading Reason |
| 2020010002251034 | Mrs Aparna Gupta Mukherjee | This policy is being charged additional premium for Medical Condition. |

Claim Administrator : HDFC ERGO GENERAL INSURANCE COMPANY LTD

For and on behalf of HDFC ERGO General Insurance Company Limited

Location: Mumbai

Date: 05/10/2021



Authorized Signatory



Policy No.: 2806203720881701000

| Insured Name | Gender |
|----------------------------|--------|
| Baby Sanghavi Mukherjee | Female |
| Mrs Aparna Gupta Mukherjee | Female |

Terms and Conditions

(1) This card would be valid till your relationship with HDFC ERGO General Insurance Company Limited / This card is invalid if the policy is cancelled (2) In case of renewal please refer original policy number (3) This card is issued for the purpose of identification only and does not entail automatic cashless facility at the network hospital. (4) A photo ID issued by any government authority is to be produced to avail cashless facility. (5) Please apply for cashless facility 48 hours prior to admission in case of planned admissions and within 24 hours of admission in case of emergency. (6) All terms and conditions of the policy would be applicable while processing your cashless request. (7) In case your cashless facility is denied due to any reason, please submit the claim for reimbursement. Denial of cashless facility does not indicate rejection of the claim. (8) Please read policy documents carefully for detailed terms and conditions. For claim status visit help section on our web site www.hdfcergo.com. Alternatively you may write to us at Healthclaims@hdfcergo.com.

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