

Date : 12 Jan 2026

Mr Om Prakash Kushwaha  
House No 4 Post Ahirauliya Rajapur  
Kotwa Bazaar  
Areraj 845417  
Bihar  
State Code : 10

Policy No: 26564986  
Mobile No: XXXXXX1590



Dear Mr Om Prakash Kushwaha,

Thank You for trusting us as your preferred Health Insurer.

At Care Health insurance, it is our endeavor to make quality healthcare easily accessible for our customers as well as ensure a truly hassle-free claim servicing experience

To help you understand our services better, please go through the 'Know your policy better' kit that accompanies this letter and constitutes the following

- Policy certificate
- Premium Acknowledgement
- Key Policy Information
- Claim Process - <https://bit.ly/45U8G1R>
- Policy Terms and Conditions- <https://bit.ly/4mmTW2x> and also available on Customer App
- Customer Information Sheet (CIS) shared on your registered email ID which is a simple and understandable

Also appended herewith for your convenience is your Care Health Card. This card should be presented at the time of an emergency or a planned hospitalization, to avail cashless treatment at our network of over 16000+ cashless network pan-India.

To further simplify procedures, we're online as well. Visit our portal [www.careinsurance.com](http://www.careinsurance.com) and view network hospitals across the country, cashless procedures and do much more.

For any assistance, please feel free to write to us at <https://www.careinsurance.com/contact-us.html>.

Once again, we thank you for this opportunity to serve you, and wish you and your loved ones good health always!

Team Care Health Insurance

#### CUSTOMER APP



For Android / IOS

#### Care Health Insurance Limited

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019  
Corresp. Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana)  
IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503

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### Policy Certificate

Mr Om Prakash Kushwaha  
 House No 4 Post Ahirauliya Rajapur  
 Kotwa Bazaar  
 Areraj 845417  
 Bihar  
 State Code : 10

Policy No.	26564986
Plan Name	Ultimate Care
Cover Type	Floater
Policy Period - Start Date	00:00 hrs 13-Jan-2026
Policy Period - End Date	Midnight 12-Jan-2027
Premium Paid	Rs.7,425.00 ( Premium Rs 7424.56 + Underwriting Loading Rs. 0.00 + CGST Rs. 0.00 + IGST Rs. 0.00 + SGST/UGST Rs. 0.00 )
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Age	Client ID
Mr Om Prakash Kushwaha	Male	28-May-1993	32	G8430420

### Details of Insured Person

Name	Client ID	Relationship	Date of Birth (DD-MM-YYYY)	Age	Pre-existing diseases (since)	Insured with the Company (since)	Sum Insured
Om Prakash Kushwaha	G8430420	MEMBER	28-May-1993	32	NONE	13-Jan-2026	5,00,000.00
Nandani Kumari	G8430421	SPOUSE	16-Apr-1996	29	NONE	13-Jan-2026	

### Nominee Details

#### Nominee Details for the Proposer

#### Apointee Details

S.No.	Name	Relationship with proposer	Age	Percentage of the claim	Name	Age	Relationship with nominee
1	nandani kumari	WIFE	29	100			

### Contact details for Claims & Policy Servicing

Correspondence address	Care Health Insurance Limited, Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana)
E-mail ID for Claims	claims@careinsurance.com
Website	www.careinsurance.com

### Intermediary Details

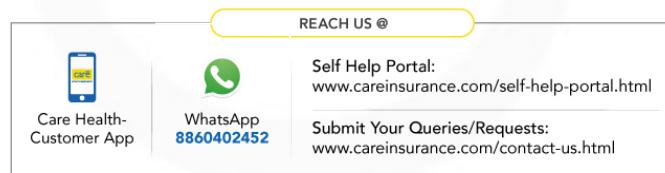
Name	Code	Contact Details
Policybazaar Insurance Brokers Pvt Ltd	20374491	1800-2585970

### Schedule of Benefits

S No.	Particulars	Basis of Offering
1	Sum Insured	500000
2	In-Patient Care/Advance Technology Methods/AYUSH Treatment	Up to SI
3	Day Care Treatment	All Day Care Procedures
4	Pre-Hospitalization Medical Expenses	60 days
5	Post Hospitalization Medical Expenses	90 days

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6	Domiciliary Hospitalization/Organ Donor Cover	Up to SI
7	Ambulance Cover	Upto SI,Any mode of transport such as Road/ Air/Train/Boat etc.
8	Cumulative Bonus	50% of SI; Max 100% of SI. Claim will have no impact on Cumulative Bonus
9	Unlimited Automatic Recharge	Available for unlimited times for unrelated or same illness.
10	Health Services (Discount Connect)	Discounts on services such as consultations, diagnostics etc at our network
11	New Born Wait Period	Wait Period as per current policy will be applicable to the new born if added within 90 days of birth.
12	Room Rent	All categories covered.
13	ICU	No Limit
14	Named Ailments Coverage	24 Months
15	Pre-existing Diseases Coverage	36 Months
16	Initial Wait Period	30 Days
17	Loyalty Boost	Increase in coverage after 7 claim free years by an amount equal to 1st policy year. Applicable once in policy lifetime.
18	Medi Voucher	2 pharmacy vouchers of Rs. 250 each per Policy shall be provided on 1st renewal with the Company.

### Optional Cover

S NO.	Particulars	Details
1	Infinity Bonus	Additional 100% of SI on every renewal; Max No Limit. There will be no reduction due to claims.
2	Claim Shield	Coverage of Non Payable items as per List I, List II, List III & List IV in T&C.
3	Unlimited E-consultation	Applicable
4	Premium Payback	Claim 1st yr premium after every 5Claim free Yrs. 1 claim in a block of 5Yrs, GST & Optional benefit premium not payable.
5	Wellness Benefit	Discount on renewal premium based on healthy days achieved. Online fitness Coaching/Counselling session from Wellness Coaches
6	Grace Period Coverage	Policy Coverage extended to cover the Grace Period in the Policy

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## For Care Health Insurance Limited



Authorized Signatory

Date of Issue : 12 Jan 2026

Place of Issue : Gurgaon, Haryana

Service Branch : Vipul Tech Square TowerC3rd Floor Sector43Golf Course Road  
Gurgaon Haryana 122009Gurgaon,Haryana,122009

Branch Contact No. : 0124-6141810

Consolidated Stamp Duty paide vide E-Challan GRN No. 0142636515 dated 18/11/2025. RCM Applicability - N/A  
SAC: 997133 and Description of Service: Accident and Health Insurance Services State  
GSTIN No.: 06AADCR6281N1ZW  
UIN :CHIHLIP25044V012425

### Note:

- Attached with this Policy Certificate are the Policy terms and conditions, Optional Covers (if opted) and Annexures. Please ensure that these documents have been received, read and understood. If any of these documents have not been received, please feel free to write to us at <https://www.careinsurance.com/contact-us.html>
- For waiting periods and exclusions under this Policy, please refer to Clause 4 of the Policy terms and conditions.
- This Policy Certificate in original must be surrendered to the Company in case of cancellation of the Policy.
- This soft copy of the policy is as valid as a hard copy and can be used for claims. A physical hard copy will not be dispatched.

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### Premium Acknowledgement

Policy No.	26564986
Client ID	G8430420
Policyholder	Mr Om Prakash Kushwaha
Address	House No 4 Post Ahirauliya Rajapur Kotwa Bazaar Areraj 845417 Bihar
Policy Period	13-Jan-2026 to 12-Jan-2027

### Premium Details

Particulars	Amount (in Rs.)
Gross Premium	
Ultimate Care	5,314.68
Infinity Bonus	797.20
Claim Shield	397.26
Unlimited e-consultation	38.92
Premium Payback	650.90
Wellness	64.50
Grace Period cover	161.10
Goods & Services Tax (GST)	0.00
Total	7,425.00

The Premium is rounded off to the nearest rupee.

S.No.	Receipt Number	Amount	Mode of Payment
1	C9109074	7,425.00	IPG

### Eligibility of Premium for Deduction u/s 80D of the Income Tax Act, 1961

The premium paid through any mode other than cash for this policy is eligible for Income tax benefits to the person making the payment subject to the provisions of section 80D of the Income Tax Act, 1961 and amendments thereof. Effective from Assessment year 2019-20, in cases where health insurance premium for multiple years is paid in one year, it will be eligible for proportionate deduction in the years in which the health insurance continues to be effective.

### For Care Health Insurance Limited

Authorized Signatory

Date of Issue : 12 Jan 2026

Place of Issue : Gurgaon, Haryana

**Note:**

- 1) In case of any discrepancy, the Policyholder is requested to contact the Company immediately.
- 2) Any amount paid in cash towards the premium would not qualify for tax benefits as mentioned above.
- 3) This document must be surrendered to the Company in case of Cancellation of the Policy or for the issuance of a fresh certificate in the case of any alteration in the Policy.
- 4) This Policy is issued subject to realization of the premium amount. In case the instrument given towards the premium amount is dishonored, then the cover provided under this Policy shall automatically get cancelled. In the given scenario, if any amount has been paid by the Company in respect of a claim or due to any other reason than the amount so advanced by the Company shall be refunded to the Company forthwith.
- 5) We may credit upto Rs. 1/- to your account for validation, before remitting any further payment.

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## Proposal Form-'ULTIMATECARE'

Dear Mr Om Prakash Kushwaha

In reference to your online proposal (1120140420818) for 'Ultimatecare' - Comprehensive Health Insurance policy, please find below the details as provided by you:

### Proposer Details

Name : Mr Om Prakash Kushwaha  
 Address : House No 4 Post Ahirauliya Rajapur  
              Areraj Kotwa Bazaar,Bihar  
              845417  
 Date of Birth : 28-May-1993  
 Landline :  
 Mobile : XXXXXX1590  
 E-mail : eXXXXXX3@gmail.com

### Details of the Persons be Insured

Name	Date of Birth	Relation	Pre-existing Diseases
Om Prakash Kushwaha	28-May-1993	MEMBER	NONE
Nandani Kumari	16-Apr-1996	SPOUSE	NONE

### Additional Details

1. Does any person(s) to be insured has any pre-existing diseases?

Insured1	Insured2
N	N

2. Has any of the person(s) to be insured ever filed a claim with their current / previous insurer?

Insured1	Insured2
N	N

3. Has any proposal(s) for health insurance of the new person(s) to be insured, been declined cancelled or charged a higher premium?

Insured1	Insured2
N	N

4. Is any of the person(s) proposed for insurance covered under any other health insurance policy with the Care Health Insurance?

Insured1	Insured2
N	N

5. PEP

Insured1	Insured2
N	N

6. Has anyone been under any medication/tablets for any illness/injury?

Insured1	Insured2
N	N

7. NCB Descripancy

Insured1	Insured2

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Additional Details

N	N
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## You agree to following terms & conditions of the purchase of policy

- a. I have read and understood the Brochure/Prospectus/Sales Literature/Terms and Conditions of the Policy and confirm to abide by the same.
- b. Receipt of proposal form by the Company shall not be construed as acceptance of proposal. Commencement of risk under the Policy shall be subject to realization of full premium and individual underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal. Policy would start from the date as specified in the Policy Certificate.
- c. I understand that the Policy Period Start Date as specified in the Policy Certificate shall be from the 00:00 hours of the next day of the Proposal receipt at branch/online, proposed policy period start date as opted by me or cheque date, whichever is later.
- d. I understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact, in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by me or anyone acting on my behalf.
- e. I hereby declare that the lives proposed to be insured would submit to medical examinations before the nominated doctors of the Company or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.
- f. I consent to and authorize the Company and/or any of its authorized representative agents to seek medical information from any hospital/ medical practitioner or any other related entity that I have attended or may attend in future concerning any illness or injury.
- g. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.
- h. I authorize the Company to exchange, share or part with the information relating to myself/person(s) to be insured with any external entity other than regulatory and statutory bodies, as may be required and I will not hold the Company or its agents liable for use/ sharing of this information.
- i. I/We agree and undertake to convey to the Company any change/alterations carried out in the risk proposed for insurance after submission of this proposal form.
- j. I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.

The undersigned hereby declare on my behalf and on behalf of each of the persons proposed to be insured that the above statements and particulars are true, complete and correct in all respects and that all information which is relevant to this proposal has been disclosed and not withheld from the Company. I declare that the money used to make the premium payment has not been derived from any illegal activity or unaccounted funds. I further declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

By virtue of this communication, I give my implicit approval on receiving Whatsapp, SMS, E-mail (Transactional & promotional) from the company.

The details mentioned in above proposal form have been verified through OTP received on my registered mobile number.

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No physical Health Cards will be dispatched. The electronic version of the card below will be accepted across all network providers.

