

Date : 04 Jul 2024

Mr Kailash Mahajan  
6/3, South Harsidhi Opp  
Garden  
Indore  
Indore 452007  
Madhya Pradesh  
State Code : 23

Policy No: 68506563  
Mobile No: XXXXXX0561



Dear Mr Kailash Mahajan,

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 - <http://bit.ly/3EyPRnT>
- Policy Terms and Conditions- <https://bit.ly/3QjICF4> and also available on Customer App

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



For 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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Self Help Portal:  
[www.careinsurance.com/self-help-portal.html](http://www.careinsurance.com/self-help-portal.html)

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### Policy Certificate

Mr Kailash Mahajan  
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State Code : 23

|                            |   |
|----------------------------|---|
| Policy No.                 | 68506563  |
| Plan Name                  | Care Supreme  |
| Cover Type                 | Floater   |
| Policy Period - Start Date | 00:00 hrs 22-Jul-2024   |
| Policy Period - End Date   | Midnight 21-Jul-2025  |
| Premium Paid               | Rs.57,302.00<br>(Premium Rs 48560.76+Underwriting Loading Rs 0.00+CGST Rs4,370.48+IGST Rs0.00+SGST/UGST Rs4,370.48) |
| Premium Payment Mode       | Single Premium  |
| Communication Address Zone | Zone 2  |

| Policyholder       | Gender | Date Of Birth | Client ID |
|--------------------|--------|---------------|-----------|
| Mr Kailash Mahajan | Male   | 04-Feb-1963   | 43332016  |

### Details of Insured Person

| Name            | Client ID | Date of Birth | Relationship | Insured with the Company (since) | Pre-existing diseases since |
|-----------------|-----------|---------------|--------------|----------------------------------|-----------------------------|
| Kailash Mahajan | 43332016  | 04-Feb-1963   | MEMBER       | 22-Jul-2022                      | NONE                        |
| Mamta .         | 43480887  | 04-Jun-1971   | SPOUSE       | 22-Jul-2022                      | NONE                        |

### Details of Cover

| Policy Insured Name | Policy Sum Insured | Accumulated No Claim Bonus Amount | Accumulated No Claim Bonus Super Amount |
|---------------------|--------------------|-----------------------------------|---|
| Kailash Mahajan     | 10,00,000.00       | 3,50,000.00                       | 7,00,000.00                             |
| Mamta .             |                    |                                   |   |

**Note** -NCB/NCB Shield Protection has been applied on this renewal.  
-Amount of No Claim Bonus / No Claim Bonus Super is calculated basis the claim status updated till Date of Payment of Renewal Premium.  
-This amount can vary basis the claim reported against Expiring Policy Year.  
-Floater Policy, all the member coverage is on shared basis. Individual Policy each member is covered on Individual Basis.  
-Coverage and Claims Subject to the Policy Terms & Conditions.

### 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 |
|----------------------|----------|-----------------|
| Punjab National Bank | 20065383 | 011-26183579    |

### Schedule of Benefits

| S No. | Particulars | Basis of Offering |
|-------|-------------|-------------------|
| 1     | Sum Insured | 1000000           |

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## Schedule of Benefits

|    |   |  |
|----|---|--|
| 2  | In-Patient Care                                 | Up to SI   |
| 3  | Day Care Treatment                              | All Day Care Procedures  |
| 4  | Advance Technology Methods                      | Up to SI   |
| 5  | Pre-Hospitalization Medical Expenses            | Up to SI, Pre-Hospitalization expense cover for 60 days prior to hospitalization |
| 6  | Post Hospitalization Medical Expenses           | Up to SI, Post-Hospitalization expense cover for 180 days after discharge        |
| 7  | AYUSH Treatment                                 | Up to SI   |
| 8  | Domiciliary Hospitalization / Organ Donor Cover | Up to SI   |
| 9  | Ambulance Cover                                 | Up to Rs. 10,000   |
| 10 | Cumulative Bonus                                | 50% of SI, max up to 100% of SI.   |
| 11 | Unlimited Automatic Recharge                    | Available for unlimited times for unrelated or same illness.                     |
| 12 | Unlimited E-Consultations                       | Available for Consultations with General Physicians                              |
| 13 | Health Services (Health Portal)                 | Doctor on chat, Healthy tips reminder, etc.                                      |
| 14 | Health Services (Discount Connect)              | Discounts on services such as consultations, diagnostics etc at our network      |
| 15 | Room Rent / ICU                                 | All categories covered. / No Limit   |
| 16 | Named Ailments Coverage                         | 24 Months  |
| 17 | Pre-existing Diseases Coverage                  | 48 Months  |
| 18 | Initial Wait Period                             | 30 Days  |
| 19 | Organ Donor Cover                               | Up to SI   |

## Optional Cover


| S NO. | Particulars            | Details   |
|-------|------------------------|---|
| 1     | Cumulative Bonus Super | Upto 100% increase in the Sum Insured, on a cumulative basis for each completed and continuous policy year upto a max of 500% |
| 2     | Wellness Benefit       | Discount on renewal premium based on active days achieved. Online fitness Coaching/Counselling session from Wellness Coaches  |
| 3     | Air Ambulance Cover    | Up to 5 lacs per year.  |
| 4     | Claim Shield           | Coverage of specified 68 Non Payable Items as defined in T&C  |

## Previous Insurer Details of the Insured


| Policy Period              | Insured Name    | Insurer Name                  | Previous Policy Number | 1st Enrollment Date | Sum insured + NCB + NCBS + Inflation SI |
|----------------------------|-----------------|-------------------------------|------------------------|---------------------|---|
| 22-Jul-2023 to 21-Jul-2024 | KAILASH MAHAJAN | Care Health Insurance Ltd     | 68506563               | 06-Jul-2017         | 7,00,000.00 + 0.00 + 0.00 + 0.00        |
| 22-Jul-2023 to 21-Jul-2024 | MAMTA .         | Care Health Insurance Ltd     | 68506563               | 06-Jul-2017         |   |
| 22-Jul-2022 to 21-Jul-2023 | KAILASH MAHAJAN | Care Health Insurance Ltd     | 44566219               | 06-Jul-2017         | 5,00,000.00 + 0.00 + 0.00 + 0.00        |
| 22-Jul-2022 to 21-Jul-2023 | MAMTA .         | Care Health Insurance Ltd     | 44566219               | 06-Jul-2017         |   |
| 06-Jul-2021 to 05-Jul-2022 | KAILASH MAHAJAN | Group Retail Prev Pol Insurer | 2/1629OR               | 06-Jul-2017         | 6,00,000.00 + 0.00 + 0.00 + 0.00        |
| 06-Jul-2021 to 05-Jul-2022 | MAMTA .         | Group Retail Prev Pol Insurer | 2/1629OR               | 06-Jul-2017         |   |

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## For Care Health Insurance Limited



Authorized Signatory

Date of Issue : 04 Jul 2024

Place of Issue : Gurgaon, Haryana

Service Branch : 104 & 105 First Floor Melinda Manor Plot No 22 RNT Marg Indore  
Madhya Pradesh 452001 Indore, Madhya Pradesh, 452001

Branch Contact No. : 9289454781

Consolidated Stamp Duty paid vide E-Challan GRN no. 0107464159 dated 21 Sep 2023, RCM Applicability- N/A  
SAC: 997133 and Description of Service: Accident and Health Insurance Services State  
GSTIN No.: 23AADCR6281N1Z0S\_GSTIN\_No  
UIN : CHIHLP23128V012223

### 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.

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## Premium Acknowledgement

|               |  |
|---------------|--|
| Policy No.    | 68506563   |
| Client ID     | 43332016   |
| Policyholder  | Mr Kailash Mahajan   |
| Address       | 6/3, South Harsidhi Opp<br>Garden<br>Indore<br>Indore 452007<br>Madhya Pradesh |
| Policy Period | 22-Jul-2024 to 21-Jul-2025   |

## Premium Details

| Particulars                   | Amount (in Rs.) | S.No. | Receipt Number | Amount    | Mode of Payment |
|-------------------------------|-----------------|-------|----------------|-----------|-----------------|
| Gross Premium                 |                 | 1     | B1557396       | 57,302.00 | IPG             |
| Care Supreme                  | 39,804.12       |       |                |           |                 |
| Cumulative Bonus Super        | 5,970.62        |       |                |           |                 |
| Wellness Benefit (Supreme)    | 64.86           |       |                |           |                 |
| Air Ambulance Cover (Supreme) | 432.44          |       |                |           |                 |
| Claim Shield                  | 2,288.72        |       |                |           |                 |
| Goods & Services Tax (GST)    | 8,740.96        |       |                |           |                 |
| Total                         | 57,302.00       |       |                |           |                 |

The Premium is rounded off to the nearest rupee.

## 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 : 04 Jul 2024

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

**HEALTH CARD**

**Policy No.**  
68506563

| Member ID | DOB         | NAME            |
|-----------|-------------|-----------------|
| 43332016  | 04-Feb-1963 | Kailash Mahajan |
| 43480887  | 04-Jun-1971 | Mamta .         |

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