

**Date : 09 Jun 2023**

Mr Virender .  
P-160, Block-p, Budh Bazar Road, Mohan Garden,  
Uttam Nagar  
New Delhi 110059  
Delhi 07

Policy No: 67026421

Mobile No: XXXXXX3535



Dear Mr Virender .,

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
- Policy Terms and Conditions- <https://bit.ly/3zLaeJL> 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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## Policy Certificate

Mr Virender .  
P-160, Block-p, Budh Bazar Road, Mohan Garden,  
Uttam Nagar  
New Delhi 110059  
Delhi 07

Policy No.	67026421
Plan Name	CARE ADVANTAGE
Add-on Policy Name	Care Shield
Cover Type	Floater
Policy Period - Start Date	00:00 hrs 21-Jun-2023
Policy Period - End Date	Midnight 20-Jun-2024
Nominee Name (Relation)	Rajni (Wife)
Premium Paid	Rs.28,708.00 (Premium Rs 24328.92+Underwriting Loading Rs 0.00+CGST Rs2,189.58+IGST Rs0.00+SGST Rs2,189.58+UGST Rs0.00)
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Client ID
Mr Virender .	Male	15-Oct-1986	25044226

## Details of Insured Person

Name	Client ID	Relationship	Date of Birth (DD-MM-YYYY)	Pre-existing diseases (since)	Insured with the Company (since)	Sum Insured
Virender .	25044226	MEMBER	15-Oct-1986	NONE	21-Jun-2023	50,00,000.00
Rajni .	25121020	SPOUSE	01-Jan-1987	NONE	21-Jun-2023	
Yuvaan .	25121024	SON	01-Dec-2016	NONE	21-Jun-2023	

## 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
VIJAY SINGH VISHT	20306972	9289766141

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## Schedule of Benefits

S No.	Particulars	Basis of Offering
1	Hospitalization Expenses (In-patient Care and Day Care Treatment)	Up to SI
2	Pre-Hospitalization Medical Expenses and Post-Hospitalization Expenses	Pre-Hospitalization for 60 days & Post-Hospitalization for 180 days;Maximum up to SI
3	Ambulance Cover	Up to SI
4	Organ Donor Cover	Up to SI
5	No Claims Bonus(NCB)	10% of Sum Insured for each Claim free year, maximum upto 50% of Sum Insured; reduced by 10% of Sum Insured in case of claim.
6	Automatic Recharge	Up to SI (Once in a Policy Year)
7	Initial Wait Period	30 Days
8	Specific Diseases Waiting Period	24 Months
9	Pre-existing Diseases Waiting Period	48 Months
10	Room Rent / Room Category	No Sub-limits
11	ICU Charges	No Sub-limits
12	Ayush treatment	Up to SI
13	Health Services (Health Portal)	Doctor on chat, Healthy tips reminder, etc.
14	Health Services (Discount Connect)	Discounts on services such as consultations, diagnostics,maternity etc at our network.

## Optional Cover

S NO.	Particulars	Details
1	Pre & Post Hospitalization Modification	Pre-Hospitalization modified to 60 Days and Post-Hospitalization modified to 180 Days.
2	Unlimited E-consultation	Applicable

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## Portability Details of the Insured

Previous Insurer : MAX BUPA HEALTH INSURANCE CO.

Name	First Policy Number	Expiry Policy Number	Date of First Enrollment	Expiry Policy SI Rs. (Original SI+CB)
VIRENDER .	318019202021	31801920202201	21-Jun-2021	10,00,000 + 0
Rajni .	318019202021	31801920202201	21-Jun-2021	10,00,000 + 0
Yuvaan .	318019202021	31801920202201	21-Jun-2021	10,00,000 + 0

\*SI = Sum Insured, CB = Cumulative Bonus

## Special Conditions

S No.	Particulars
1	Co-payment (Applicable where age of member at entry is 61 years or above)

## Add-on Policy - CARE SHIELD

UIN No- RHIHLIA21168V012021

## Schedule of Benefits

S No.	Particulars	Description
1	Claim Shield	Applicable
2	NCB Shield	Applicable
3	Inflation Shield	Applicable

## Add-on Policy - PROTECT PLUS

UIN No- CHIHLIA23153V012223

## Schedule of Benefits

S No.	Particular	Description
<b>DOMESTIC COVERAGE</b>		
1	<b>Pre-hospitalization Medical Expenses and Post-hospitalization Medical</b>	Modified for Domestic Hospitalization
2	<b>Unlimited E-consultations from General Physician</b>	Applicable

## For Care Health Insurance Limited



Authorized Signatory

Date of Issue : 09 Jun 2023

Place of Issue : Gurgaon, Haryana

Service Branch : Flat no 301 DDA Building no 5 District Centre Janakpuri New Delhi  
Delhi 110058New Delhi, Delhi, 110058

Branch Contact No. : 9289454691

Consolidated Stamp Duty paid vide E-Challan GRN no. 98389442 dated 17 Jan 2023, RCM Applicability- N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State

GSTIN No.: 07AADCR6281N1ZU

UIN :CHIHLP23150V022223

## 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.	67026421
Client ID	25044226
Policyholder	Mr Virender .
Address	P-160, Block-p, Budh Bazar Road, Mohan Garden, Uttam Nagar New Delhi 110059 Delhi 07
Policy Period	21-Jun-2023 to 20-Jun-2024

## Premium Details

Particulars	Amount (in Rs.)	S.no.	Receipt Number	Amount	Mode of Payment
Gross Premium		1	A2971915	28,708.00	IPG
CARE ADVANTAGE	21,601.74				
Care Shield	1,080.06				
Pre and Post Hospitalization	1,620.12				
Unlimited e-consultation	27.00				
Goods & Services Tax (GST)	4,379.16				
<b>Total</b>	<b>28,708.00</b>				

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 : 09 Jun 2023

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-'CARE ADVANTAGE'

Dear Mr Virender .

In reference to your online proposal (1120054563705) for 'Care Advantage'- Comprehensive Health Insurance policy, please find below the details as provided by you:

### Proposer Details

Name : Mr Virender .  
Address : P-160, Block-p, Budh Bazar Road, Mohan Garden,  
Uttam Nagar  
New Delhi ,Delhi  
110059  
Date of Birth : 15-Oct-1986  
Landline :  
Mobile : XXXXXX3535  
E-mail : VXXXXXXJ@GMAIL.COM

### Details of the Persons be Insured

Name	Date of Birth	Relation	Pre-existing Diseases
Virender .	15-Oct-1986	MEMBER	NONE
Rajni .	01-Jan-1987	SPOUSE	NONE
Yuvaan .	01-Dec-2016	SON	NONE

### Additional Details

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

Insured1	Insured2	Insured3
N	N	N

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

Insured1	Insured2	Insured3
N	N	N

3. Has any of your proposal(s) for Health insurance been declined, cancelled, charged a higher premium or issued with special condition(s)?

Insured1	Insured2	Insured3
N	N	N

4. Is any of the person(s) proposed for insurance covered under any other health insurance policy with the Company or any other Company without break?

Insured1	Insured2	Insured3
N	N	N

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## You agreed 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.


		HEALTH CARD	
Policy No.			
67026421			
Member ID	DOB	Name	
25044226	15-Oct-1986	Virender .	
25121020	01-Jan-1987	Rajni .	
25121024	01-Dec-2016	Yuvaan .	




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SELF HELP  
A PORTAL FOR ASSASSINATING YOUR POLICY ONLINE

Submit Your Queries/Requests: [www.careinsurance.com/contact-us.html](http://www.careinsurance.com/contact-us.html)

**Disclaimer**

1. This card is not transferable.
2. Use of this card is governed by the policy terms & conditions.
3. To avail cashless facility, this card needs to be produced along with photo ID proof.
4. Valid upto policy period end date or cancellation date, whichever is earlier.

IRDAI Registration No. 148