

Date : 2 April 2023

Mr Parsuram Raisingh
103 Dulece Apptt Jagannath Nagar
Opposite To Road No 1 Ggp Colony
Bhubaneswar
Bhubaneswar 751025
Orissa

Policy No. : 63827586

Mobile No. : XXXXXX4440



Dear Mr Parsuram Raisingh,

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/3qals5e> 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; and view network hospitals across the country, cashless procedures and do much more. In case of a query at any juncture, feel free to mail us at customerfirst@careinsurance.com or call us at 1800-102-4488.

For any assistance feel free to mail us at customerfirst@careinsurance.com or call 1800-102-4488. Once again, we thank you for this opportunity to serve you, and wish you and your loved ones good health always

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
Correspondence Office: Vipul Tech Square, Tower C, 3rd Floor,
Golf Course Road, Sector-43, Gurugram -122009 (Haryana)
IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503

REACH US @



Care Health-
Customer App



WhatsApp
8860402452

Self Help Portal:
www.careinsurance.com/self-help-portal.html

Submit Your Queries/Requests:
www.careinsurance.com/contact-us.html

Policy Certificate

Mr Parsuram Raisingh
103 Dulece Apptt Jagannath Nagar
Opposite To Road No 1 Ggp Colony
Bhubaneswar
Bhubaneswar 751025
Orissa 21

Policy No.	63827586
Plan Name	Senior Health Advantage
Cover type	Individual
Policy Period - Start Date	00:00 hrs 02-Apr-2023
Policy Period - End Date	Midnight 01-Apr-2024
Nominee Name	Ms Richa Sovana
Nominee Relationship	(Daughter)
Premium Paid	Rs. 29291 (Premium Rs 24823 + CGST Rs 0 + IGST Rs 4468.14 + SGST/UGST Rs 0)
Premium Payment Mode	Single Premium

Details of Proposer

Policyholder	Gender	Date Of Birth	Client ID
Parsuram Raisingh	Male	11-Mar-1953	19652749

Details of Insured

Name	Client ID	Relationship	Date of Birth (DD-MM-YYYY)	Pre-existing diseases (since)	Policy Coverage
Parsuram Raisingh	19652749	MEMBER	11-Mar-1953	Coronary artery disease, Diabetes & Its related complications	10,00,000.00

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).
Contact no.	1800-102-4488
E-mail ID for Claims	claims@careinsurance.com
E-mail ID for Policy servicing	customerfirst@careinsurance.com
Website	www.careinsurance.com

Intermediary Details

Name	Code	Contact Number
Vijay Singh Visht	20306972	8588866507

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Schedule of Benefits

S No.	Particulars	Basis of Offering
1	In-Patient Care	Covered Up to Sum Insured
2	Day Care Treatments	Covered Up to Sum Insured, All Day Care Procedures
3	Advance Technology Methods	Sub-Limits applicable
4	Domiciliary Hospitalization	Covered Up to Sum Insured, if domiciliary hospitalization exceeds 3 days.
5	Organ Donor Cover	Covered Up to Sum Insured
6	AYUSH Treatment	Covered Up to Sum Insured
7	Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses	30 days and 60 days respectively; Covered Up to Sum Insured
8	Road Ambulance Cover	Up to 1% of SI or Rs.5000 whichever is lower per hospitalisation
9	No Claim Bonus (NCB)	10% of SI for every claim free year, Max up to 50% of SI, Reducing on claim at same rate as it was accrued
10	Annual Health Check-up	Available for All Insured Members, Tests defined as per Annexure I
11	Unlimited E-Consultations	Available for Consultations with General Physicians
12	Other Value Added Services	Discount Connect – Discounts on services at our network.
13	Initial Wait Period	30 Days
14	Named Ailment Wait Period	24 Months
15	Pre-Existing Disease Wait Period	24 Months
16	Room Rent / Room Category	Twin Sharing Room
17	ICU Charges	Up to 2% of Sum Insured per day
18	Voluntary Co-Payment	50% Co-Payment till Age 70. 60% Co-payment at age >=71.
19	Sub-Limit on Hospitalization related Expenses	Max 25% of SI per hospitalization payable for Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees

Optional Cover

S No.	Particulars	Details
1	Room Rent and ICU Modification	Applicable
2	Sub-limit on Advance Technology Methods	Applicable
3	Sub-Limit on Specified Diseases	Applicable
4	Voluntary Co-Payment	Applicable
5	Increase in PED Waiting Period	Applicable
6	Termination of Automatic Recharge Coverage	Applicable
7	Modification of No Claim Bonus	Applicable
8	Modification of Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses	Applicable
9	Sub-Limit on Hospitalization related Expenses	Applicable

Annexure-I

Set No.	List of Medical Tests covered as a part of Annual Health Check-up	Plan
1	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, Kidney Function Test, ECG	Rs.5L & Rs.10L

Annexure-II: Sublimits on Advance Technology Methods

S No.	Treatment/Procedures	Sub limit Option 2
1	Uterine Artery Embolization and HIFU	15% of SI
2	Balloon Sinuplasty	5% of SI
3	Deep Brain stimulation	25% of SI
4	Immunotherapy- Monoclonal Antibody to be given as injection	25% of SI
5	Intra vitreal injections	5% of SI
6	Robotic surgeries	25% of SI
7	Stereotactic radio surgeries	25% of SI
8	Stem cell therapy	25% of SI

Annexure-III

Sub-limits shall be applicable on specified treatments and procedures (In Rs.) Limit Per Policy year

Plan	Sub limit Option 2
Treatment of Cataract	- (SI=Rs.5L/10L) – up to Rs.40,000
Treatment of Total Knee Replacement	- (SI=Rs.5L) - Up to Rs.100,000 for 5 L - (SI = 10 L)- Up to Rs.120,000
Treatment for each and every Ailment / Procedure mentioned below:- i.Cerebrovascular Accident and Cardio vascular Diseases ii.Cancer (Including Chemotherapy / Radiotherapy) iii.Medical Renal Diseases (Including Dialysis) iv.Treatment of Breakage of Long Bones	- (SI=Rs.5L) - Up to Rs.2, 00,000 - (SI=Rs.10L) - Up to Rs.2,50,000

For **Care Health Insurance Limited**



Authorized Signatory

Date of Issue : 02-Apr-2023

Place of Issue : Gurgaon, Haryana

Service Branch : CHIL, Flat no 301, DDA Building no 5, District Centre, Janakpuri, New Delhi, Delhi - 110058, JANAKPURI, DELHI - 110058 Branch Contact No. : 1800-102-4488

Correspondence Address:

Care Health Insurance Limited

Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector – 43, Gurugram – 122009 (Haryana). Contact No : 1800-102-4488

Website : www.careinsurance.com Email : customerfirst@careinsurance.com

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

SAC: 997133 and Description of Service: Accident and Health Insurance Services State GSTIN No.: 07AADCR6281N1ZU IRDA Registration Number - 148 UIN : CHIHLP22223V012122

Registered office address : 5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019

CIN : U66000DL2007PLC161503

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 email at customerfirst@careinsurance.com or contact the Company at 1800-102-4488 / 1800-102-6655.
- 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.

Premium Acknowledgement

Policy No.	63827586
Client ID	19652749
Policyholder	Mr Parsuram Raisingh
Address	103 Dulece Appth Jagannath Nagar Opposite To Road No 1 Ggp Colony Bhubaneswar Bhubaneswar 751025, Orissa
Policy Period	02-Apr-2023 to 01-Apr-2024

Premium Details

Particulars	Amount (in Rs.)	Sno.	Receipt Number	Amount	Mode of Payment
		1	A1728380	29291	Payment Gateway
Gross Premium					
Elder Care	24,823.00				
Goods & Services Tax (GST)	4,468.14				
Total	29,291.00				

The Premium is rounded off to the nearest rupee.

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

This is to certify that Care Health Insurance Ltd. has received an amount of Rs. 29,291.00/- from Mr Parsuram Raisingh towards Payment of Health insurance premium as per the details mentioned above. The premium paid for this policy is eligible for applicable tax benefits u/s 80D of the Income Tax Act, 1961 and amendments thereof.

For **Care Health Insurance Limited**



Authorized Signatory

Date of Issue: 02-Apr-2023

Place of Issue: Gurgaon, Haryana

IRDA Registration Number - 148

Registered office address : 5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019

CIN : U66000DL2007PLC161503

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) We may credit upto Rs. 1/- to your account for validation, before remitting any further payment.

Proposal Form-'SENIOR HEALTH ADVANTAGE'

Dear Mr Parsuram Raisingh

In reference to your online proposal (I I 2005 I 508496) for 'SENIOR HEALTH ADVANTAGE'- Comprehensive Health Insurance policy, please find below the details as provided by you:

Proposer Details

Name : MR PARSURAM RAISINGH

Address : I 03 Dulece Apptt Jagannath Nagar
Opposite To Road No I Ggp Colony
Bhubaneswar
Bhubaneswar-75 I 025
Orissa

Date of Birth : I I /03/53

Landline :

Mobile : XXXXXX4440

E-mail : RAISINGH.PARSURAM@GMAIL.COM

Details of the Persons be Insured

Name	Date of Birth	Relation	Pre-existing Diseases
PARSURAM RAISINGH	I I /03/53	MEMBER	Coronary artery disease, Diabetes & Its related complications

Additional Details

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

Insured I
Yes

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

Insured I
No

C. Has any proposal for Health insurance been declined, cancelled or charged a higher premium?

Insured I
No

D. Is any of the person(s) to be insured, already covered under any other health insurance policy of Care Health Insurance?

Insured I
No

E. Does your job require you to be involved with any hazardous activity, significant manual labor, operating heavy machinery, handling hazardous material, working at heights / underground / construction sites, oil rigging, high voltage, high temperature, working in aircrafts or sea-going vessels or adventure sports or armed forces?

Insured I
No

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, 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.
- 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 the 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, accurate and complete and correct in all respects and that there is all information which is relevant to this proposal that 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.

You also agreed to receive service SMS and E-mail alerts.



HEALTH
INSURANCE

HEALTH CARD

Policy No.

63827586

Member ID

DOB

Name

19652749 11-Mar-1953 PARSURAM RAISINGH



www.careinsurance.com

Care Health-
Customer App



For Android

For iOS



WhatsApp
8860402452



Submit Your Queries/Requests: 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