

Date : 06 May 2023

Mr Debabrata Bhattacharjee
11/1 Raj Krishna Chatterjee Road Circus Avenue
Kolkata Kasba West Bengal
Bosepukur
Bosepukur 700042
West Bengal 19

Policy No: 65181071

Mobile No: XXXXXX6115



Dear Mr Debabrata Bhattacharjee,

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/3HH2Ea3> 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.

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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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 Debabrata Bhattacharjee
11/1 Raj Krishna Chatterjee Road Circus Avenue
Kolkata Kasba West Bengal
Bosepukur
Bosepukur 700042
West Bengal 19

| | |
|----------------------------|---|
| Policy No. | 65181071 |
| Plan Name | Care Freedom - Plan 2 |
| Add-on Policy Name | Care Shield |
| Cover type | Individual |
| Policy Period - Start Date | 00:00 hrs 27-Apr-2023 |
| Policy Period - End Date | Midnight 26-Apr-2026 |
| Nominee Name (Relation) | Debasmita (Daughter) |
| Premium Paid | Rs.83,513.00 (Premium Rs 70774.11+Underwriting Loading Rs 0.00+CGST Rs0.00+IGST Rs12,739.34+SGST Rs0.00+UGST Rs0.00) |
| Premium Payment Mode | Single Premium |

| | | |
|----------------------------|---------------|-----------|
| Policyholder | Date Of Birth | Client ID |
| Mr Debabrata Bhattacharjee | 02-Mar-1960 | 21129032 |

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 |
|----------------------|-----------|--------------|----------------------------|--|----------------------------------|-------------|
| Sutapa Bhattacharjee | 22093208 | SPOUSE | 03-Sep-1962 | Permanent exclusion for brain stroke and its complication , 2 years waiting period for diabetes and hypertension | 27-Apr-2023 | 7,00,000.00 |

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) |
| 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 | Up to Rs. 7,00,000 per Policy Year |
| 2 | Hospitalization Expenses | Up to Rs. 30,000 per eye per Policy Year for Cataract Surgery. |
| 3 | Hospitalization Expenses | Upto Rs.1,20,000 per knee per Policy Year for Total Knee Replacement Surgery. |
| 4 | Hospitalization Expenses | Up to Rs.80,000 per Policy Year for each and every Ailment / Procedure - 1 mentioned below |
| 5 | Hospitalization Expenses | Upto Rs.3,00,000 per Policy Year for each and every Ailment / Procedure - 2 mentioned below |
| 6 | Consumable Allowance | Rs. 1000 per day (Deductible of 3 days per Claim); Max. up to 7 days per Claim |
| 7 | Companion Benefit | Rs. 15,000 per Claim per Policy Year if hospitalization exceeds 10 days |
| 8 | Pre-hospitalization And Post-hospitalization Medical Expenses | Up to 10% of payable hospitalization expenses per Policy Year |
| 9 | Domiciliary Hospitalization | Up to 10% of Sum Insured covered after 3 days |
| 10 | Recharge of Sum Insured | 100% of original Sum Insured upon exhaustion of Sum Insured |
| 11 | Co-payment (in %) | 20% Copay till 70 years age & 30% Copay for age above 70 years |
| 12 | Room Rent/Room Category | Single Private Room |
| 13 | ICU Charges | No Limit |

Optional Cover

| S NO. | Particulars | Details |
|-------|----------------|---|
| 1 | Health Check + | Diabetes Health Check-up or Cardiac Health Check-up (Only One can be opted) |

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*SI = Sum Insured, CB = Cumulative Bonus

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 |

For Care Health Insurance Limited



Authorized Signatory

Date of Issue : 06 May 2023

Place of Issue : Gurgaon, Haryana

Service Branch : Flat no 301 DDA Building no 5 District Centre Janakpuri New Delhi
Delhi 110058 New 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 :RHIHLIP21519V022021

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. | 65181071 |
| Client ID | 21129032 |
| Policyholder | Mr Debabrata Bhattacharjee |
| Address | 11/1 Raj Krishna Chatterjee Road Circus Avenue Kolkata Kasba West Bengal Bosepukur Bosepukur 700042 West Bengal 19 |
| Policy Period | 27-Apr-2023 to 26-Apr-2026 |

Premium Details

| Particulars | Amount (in Rs.) | S.no. | Receipt Number | Amount | Mode of Payment |
|----------------------------|------------------|-------|----------------|-----------|-----------------|
| Gross Premium | | 1 | A2220002 | 52,582.00 | IPG |
| CARE Freedom | 55,832.49 | 2 | A2178329 | 30,931.00 | IPG |
| Health Check+ | 12,150.00 | | | | |
| Care Shield | 2,791.62 | | | | |
| Goods & Services Tax (GST) | 12,739.34 | | | | |
| Total | 83,513.00 | | | | |

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 : 06 May 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 FREEDOM'

Dear Mr Debabrata Bhattacharjee

In reference to your online proposal (1120052482458) for 'Care Freedom'- Comprehensive Health Insurance policy, please find below the details as provided by you:

Proposer Details

Name : Mr Debabrata Bhattacharjee
 Address : 11/1 Raj Krishna Chatterjee Road Circus Avenue
 Kolkata Kasba West Bengal
 Bosepukur Bosepukur, West Bengal
 700042
 Date of Birth : 02-Mar-1960
 Landline :
 Mobile : XXXXXX6115
 E-mail : DXXXXXXI@GMAIL.COM

Details of the Persons be Insured

| Name | Date of Birth | Relation | Pre-existing Diseases |
|----------------------|---------------|----------|--|
| Sutapa Bhattacharjee | 03-Sep-1962 | SPOUSE | Permanent exclusion for brain stroke and its complication , 2 years waiting period for diabetes and hypertension |

Additional Details

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

Insured1

Y

2. Cancer

Insured1

N

3. Has any of the Insured consulted/taken treatment or recommended to take investigations/medication/surgery other than for childbirth/minor injuries?

Insured1

N

4. Any cardiovascular/Heart Disease,incl. but not limited to Coronary artery disease/Rheumatic heart disease/Heart failure/Bypass Grafting/Angioplasty

Insured1

N

5. Hypertension / High Blood Pressure

Insured1

Y

6. Any Respiratory disease/Disease of Lungs, Pleura and airway including but not limited to Asthma/Tuberculosis/Pleural effusion/Bronchitis/ Emphysema

Insured1

N

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Additional Details

7. Any disorders of the endocrine system including but not limited to Pituitary / Parathyroid / adrenal gland disorders

Insured1

N

8. Diabetes Mellitus type 1 or Diabetes on insulin or Diabetes associated with blindness or chronic foot ulcer

Insured1

Y

9. Any Neuromuscular, muscles or nervous system, disorder or Psychiatric disorders incl. but not limited to Motor Neuron Disease, Muscular dystrophies

Insured1

N

10. Chronic Pancreatitis or Chronic Liver disease including but not limited to Cirrhosis / Hepatitis B or C / Willson's disease

Insured1

N

11. Any chronic Kidney Disease

Insured1

N

12. Any disorders of Blood/Immunity incl. but not limited to bleeding or clotting disorders, Systemic Lupus Erythematosus, Rheumatoid Arthritis

Insured1

N

13. Have You smoked, consumed alcohol, or chewed tobacco, ghutka, paan or used any recreational drugs? If Yes, provide the frequency & amount consumed

Insured1

N

I hereby declare that all proposed members are in good health and entirely free from any mental or physical impairments or deformities, disease/condition. Neither any of the proposed members have been hospitalized for treatment of an illness or injury in past nor consulted any physician or conducted investigation for reasons other than common cough, cold or flu. None of the proposed member are habitual consumer of alcohol, tobacco, gutka or any recreational drugs. Yes/No

14. for treatment of an illness or injury in past nor consulted any physician or conducted investigation for reasons other than common cough, cold or flu. None of the proposed member are habitual consumer of alcohol, tobacco, gutka or any recreational drugs. Yes/No

Insured1

Y

15. Has any of the Insured been hosp. or has been under any prolonged treatment for illness or undergone surgery other than for childbirth/minor injuries?

Insured1

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.

| care HEALTH INSURANCE | | HEALTH CARD | |
|---|-------------|----------------------|--|
| Policy No. | | | |
| 65181071 | | | |
| Member ID | DOB | Name | |
| 22093208 | 03-Sep-1962 | Sutapa Bhattacharjee | |
| <div><div> For Android</div><div> For iOS</div></div> <div> WhatsApp 8860402452</div> <div> SELF HELP <small>A PORTAL FOR ASSASSINATING YOUR POLICY ONLINE</small></div> | | | |
| 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 | | | |