

Date: 29/04/2023

Policy Number: 33178433202300
Customer ID: 2002668794

MRS. KINJAL HARDIK SHAH
43 JAGANNATH PARK NR MALAV,
TALAV,
JIVRAJ PARK,
AHMEDABAD,
GUJARAT - 380051
Mobile: XXXXXX8115

Subject : Niva Bupa Health Insurance Policy No. 33178433202300

Dear MRS. KINJAL HARDIK SHAH,

Thank you for choosing Niva Bupa as your preferred health insurance partner through portability. We wish to intimate you that your policy 2805 2036 0969 9301 000 of HDFC ERGO GENERAL INSURANCE COMPANY LTD and Date of Initiation 26/04/2018 has been ported as per Portability guidelines.

At Niva Bupa, we put your health first and are committed to provide you access to the very best of healthcare, backed by the highest standards of service.

Please find enclosed your Niva Bupa Policy Kit which will help you understand your policy in detail and give you more information on how to access our services easily. Your policy kit includes the following:

- Personalized Health Card: To access our wide range of hospitals for cashless hospitalization.
- Insurance Certificate: Confirming your specific policy details like date of commencement, persons covered and specific conditions related to your plan.
- Premium Receipt: Receipt issued for the premium paid by you.
- Policy Terms and Conditions: For a clear understanding of policy coverages and exclusions.
- Proposal form: This is a copy of the proposal form as per the information provided by you. Do inform us immediately in case there is any change in the details mentioned therein.
- Annexure of Policyholder Servicing Turnaround Times as prescribed by Insurance Regulatory and Development Authority of India (IRDAI)

Do visit us online at www.nivabupa.com to view and download our updated list of network hospitals in your city, download claim forms and for other useful information. You can register with us online using your policy number, date of birth & email id and access your policy details. In case of any further assistance, call us at 1860-500-8888 (customer helpline number) or email us at customercare@nivabupa.com

We request you to read your policy terms and conditions carefully so that you are fully aware of your policy benefits. For benefits related to section 80D, please consult your tax advisor.

Assuring you of our best services and wishing you and your loved ones good health always.

Yours Sincerely,



Director - Operations & Customer Service
For and on behalf of Niva Bupa Health Insurance Co. Ltd.
(Formerly known as Max Bupa Health Insurance Co. Ltd.)

Important - Please read this document and keep in a safe place.

Policyholder Servicing Turnaround Times as prescribed by Insurance Regulatory and Development Authority of India (IRDAI)

POLICY SERVICING

Turnaround time* (Calendar Days)

| | |
|--|---------|
| Processing of Proposal and Communication of decisions – from the date of receipt of proposal form | 15 Days |
| Providing copy of the proposal – from the date of acceptance of risk | 30 Days |
| Post Policy issue service requests – from the date of receipt of service request | 10 Days |
| Proposal refund in case of cancellation – from the date of decision of the proposal | 15 Days |
| Request for policy cancellation with free-look period– from the date of receipt of service request | 15 Days |

CLAIM SERVICING

Turnaround time* (Calendar Days)

| | |
|--|---------|
| From the date of receipt of last necessary document (no investigation) | 30 Days |
| From the date of receipt of last necessary document (with investigation) | 45 Days |

GRIEVANCE HANDLING

Turnaround time* (Calendar Days)

| | |
|---|---------|
| Acknowledge a grievance – from the date of receipt of grievance | 3 Days |
| Resolve a grievance– from the date of receipt of grievance | 14 Days |

*Turnaround time will start from the date of receipt of complete documents at Niva Bupa Health Insurance Company Ltd.

ReAssure 2.0 Insurance Certificate

| | | |
|--|---|-----------------------|
| Policyholder Name: MRS. KINJAL HARDIK SHAH | Policy Number | 33178433202300 |
| Policyholder Address: 43 JAGANNATH PARK NR MALAV, TALAV, JIVRAJ PARK, AHMEDABAD, GUJARAT - 380051 | Policy Commencement Date and Time | From 29/04/2023 00:00 |
| | Policy Expiry Date and Time | To 28/04/2025 23:59 |
| | Base Sum Insured | INR 10,00,000 |
| | Variant Opted | Bronze+ |
| | Plan Opted | Family Floater |
| | Policy Period | 2 Years |
| | Renewal / Payment Due Date | 28/04/2025 |
| | Reported claims in the policy since inception | 0 |

| | |
|---|------|
| Details of Electronic Insurance Account (eIA) | |
| eIA Number | None |
| Insurance Repository Name | None |

Cover Details

| Name of the Insured Person(s) | Base Sum Insured (INR) | Sum Insured Safeguard/ Safeguard+ (INR) | Booster+ Sum Insured (INR) | Sum Insured (Base Sum Insured + Sum Insured Safeguard/ Safeguard+ +Booster+ Sum Insured) (INR) | Personal Accident opted |
|-------------------------------|------------------------|---|----------------------------|--|-------------------------|
| Mrs. Kinjal Hardik Shah | 10,00,000 | 0 | 0 | 10,00,000 | 0 |
| Mr. Hardik Kishor Shah | | | | | 0 |
| Mr. Shah Jimit Hardik | | | | | 0 |

Premium Details

| Net Premium/Taxable Value (INR) | Integrated Goods and Service Tax (18.00%) | Central Goods and Service Tax (0.00 %) | State/UT Goods and Service Tax (0.00 %) | Loading | Gross Premium (INR) | Gross Premium (INR) (in words) |
|---------------------------------|---|--|---|---------|---------------------|---|
| 39,778.00 | 7,160.04 | 0.00 | 0.00 | 0.00 | 46,938.00 | Forty-Six Thousand Nine Hundred Thirty-Eight Only |

Nominee Details

| | |
|--------------------|------------------------------------|
| Nominee Name | Relationship with the Policyholder |
| Hardik Kishor Shah | Spouse |

Intermediary Details

| Intermediary Name | Intermediary Code | Intermediary Contact No. |
|-----------------------------|-------------------|--------------------------|
| Priyanka Sethi - Del0650163 | DEL0650163 | 9560535559 |

| Claim Administrator | Servicing Branch Details |
|--|---|
| Niva Bupa Health Insurance Company Limited | Niva Bupa Health Insurance Company Ltd, 39, 3rd Floor Pusa Road, WEA Karol bagh, New Delhi-110005 |

Optional Benefit/Feature Details

| Particulars | Details |
|--|---|
| Hospital Cash | Not Opted |
| Safeguard | Not opted |
| Safeguard+ | Not Opted |
| Personal Accident | Not Opted |
| Smart Health+ (Disease Management) | Not Opted |
| Smart Health+ (Acute Care) | Not opted |
| Pre Existing Disease Waiting Time Modification | Yes; Pre-existing waiting period of 4 years |

Product Benefit Table¹

| | |
|--|---|
| Expenses in Reaching Hospital | <ul style="list-style-type: none"> Road Ambulance: Up to Sum Insured Air Ambulance: up to INR 2,50,000 per hospitalization |
| Expenses During Hospitalization (Covers AYUSH) | <ul style="list-style-type: none"> Up to Sum Insured Modern Treatments: Covered up to Sum Insured with sub-limit of Rs. 1L per claim on few robotic surgeries |
| Expenses Before and After a Hospitalization | 60 Days and 180 Days Respectively. Covered Up to Sum Insured |
| Home Care/Domiciliary | Covered up to Sum Insured |
| Organ Donor | Covered up to Sum Insured |
| Annual Health Check-up (Only Cashless) | For defined list of tests; up to INR 5,000 Per Policy |
| ReAssureX | First claim paid triggers ReAssure "Forever". It is unlimited. Each Claim under ReAssure "Forever" will be up to Base Sum Insured. |
| Booster+ | Carry forward unutilized sum Insured Maximum up to 3 times of Base Sum Insured |
| Live Healthy | Up to 30% Discount on Renewal premium basic steps taken. |
| Shared Accommodation Benefit | INR 800 per day; Maximum INR 4,800 |
| Second Medical Opinion | Once for any condition in a Policy year. |
| e-consultation | Unlimited e-consultation within our network |

¹ The details of the benefits will change depending upon the plan opted. All the benefits are on per Policy Year basis, if otherwise not mentioned.

Insured Person Details

| Name of the Insured Person (s) | Age (in Years) | Insured DOB | Gender | Relationship | Pre-existing Disease [#] | Personal Waiting Period [*] |
|--------------------------------|----------------|-------------|--------|--------------|--|--------------------------------------|
| Mrs. Kinjal Hardik Shah | 40 | 05/11/1982 | Female | Applicant | 'SPECIFIC WAITING PERIODS (WAIVED)' 30 DAY WAITING PERIOD (WAIVED) | None |
| Mr. Hardik Kishor Shah | 42 | 03/10/1980 | Male | Spouse | 'SPECIFIC WAITING PERIODS (WAIVED)' 30 DAY WAITING PERIOD (WAIVED) | None |
| Mr. Shah Jimit Hardik | 14 | 12/09/2008 | Male | Son | 'SPECIFIC WAITING PERIODS (WAIVED)' 30 DAY WAITING PERIOD (WAIVED) | None |

([#] -Pre existing Disease as disclosed by You / Insured Person or discovered by us during medical underwriting)

(* - Please refer to Policy terms & Conditions for details)

Permanent Exclusion (if any):

| |
|------|
| None |
|------|

Pre-existing Disease with Portability Option carried from prior health insurance policy (From other insurer / Niva Bupa Health Insurance Company Limited)

| A | B | C | D | E | F |
|-------------------------------|-----------------------------------|---|--|---------------------|--|
| Name of the Insured Person(s) | Pre Existing Disease [#] | Sum Insured limit carried over from previous insurance policy | Pre-existing Disease & Specific Waiting Periods for C [#] | Balance Sum Insured | Pre-existing Disease & Specific Waiting Periods for E [#] |
| Mrs. Kinjal Hardik Shah | | 20,00,000 | | 0 | |
| Mr. Hardik Kishor Shah | | 20,00,000 | | 0 | |
| Mr. Shah Jimit Hardik | | 20,00,000 | | 0 | |

Personal Exclusions with Portability Option carried from prior health insurance policy with Niva Bupa Health Insurance Company Limited

| A | B | C | D | E | F |
|-------------------------------|---------------------|---|---|---------------------|---|
| Name of the Insured Person(s) | Personal Exclusions | Sum Insured limit carried over from previous insurance policy | Personal Waiting Periods for C [*] | Balance Sum Insured | Personal Waiting Periods for E [*] |
| Mrs. Kinjal Hardik Shah | | NA | NA | NA | NA |
| Mr. Hardik Kishor Shah | | NA | NA | NA | NA |
| Mr. Shah Jimit Hardik | | NA | NA | NA | NA |

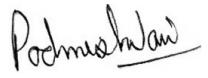
We reserve the right to modify or amend the terms and the applicability of the Portability Benefit in accordance with the provisions of the regulations and guidance issued by the Insurance Regulatory and Development Authority of India as amended from time to time

Pursuant to Notification no 13/2020- Central Tax and Notification no 14/2020- Central Tax both dated 21st March 2020 read with rule 54 (2) of CGST Rules 2017, the provisions of E Invoicing & QR code are not applicable to an Insurance company, hence E Invoice number and QR code has not been printed on this document. GST under RCM: NIL

| | |
|---------------------------|--|
| GSTI No.: 07AAFCM7916H1ZA | SAC Code / Type of Service : 997133 / General Insurance Services |
| Niva Bupa State Code: 7 | Customer State Code / Customer GSTI No.: 24 / 23BEQPS9944L1ZG |

Policy issuing office: Delhi, Consolidated Stamp Duty deposited as per the order of Government of National Capital Territory of Delhi.

Location: New Delhi
Date: 29/04/2023


 Director - Operations & Customer Service
 For and on behalf of Niva Bupa Health Insurance Company Limited
 (formerly known as Max Bupa Health Insurance Co. Ltd.)

Premium Receipt - ReAssure 2.0

Dear MRS. KINJAL HARDIK SHAH
43 JAGANNATH PARK NR MALAV
TALAV
JIVRAJ PARK
AHMEDABAD
GUJARAT - 380051

We acknowledge the receipt of payment towards the premium of the following health insurance policy:

| | | | | | |
|--|-------------------------|------------|----------------|--------------------|----------------|
| Policyholder Name | Mrs. Kinjal Hardik Shah | | | Policy Number | 33178433202300 |
| Product Name | ReAssure 2.0 | Plan Opted | Family Floater | Base Sum Insured | 10,00,000 |
| Policy Commencement Date [#] | 29/04/2023 | | | Policy Expiry Date | 28/04/2025 |
| Premium Calculation: | | | | | |
| Premium (Rs.) - Base Product | | | | 39,778.00 | |
| Underwriting Loading (Rs.) | | | | 0.00 | |
| Net Premium / Taxable value (Rs.) | | | | 39,778.00 | |
| Integrated Goods and Service Tax (18.00 %) | | | | 7,160.04 | |
| Central Goods and Service Tax (0.00 %) | | | | 0.00 | |
| State/UT Goods and Service Tax (0.00 %) | | | | 0.00 | |
| Gross Premium (Rs.) | | | | 46,938.00 | |

[#]Issuance of policy is subject to clearance of premium paid

Details of persons Insured:

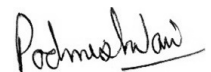
| Name of Person Insured | Age | Gender | Relationship** |
|-------------------------|-----|--------|----------------|
| Mrs. Kinjal Hardik Shah | 40 | Female | Applicant |
| Mr. Hardik Kishor Shah | 42 | Male | Spouse |
| Mr. Shah Jimit Hardik | 14 | Male | Son |

For the purpose of deduction under section 80D, the benefit shall be as per the provisions of the Income Tax Act, 1961 and any amendments made thereafter. For your eligibility and deductions, please refer to provisions of Income Tax Act 1961 as modified and consult your tax consultant. In the event of non-realization of premium, tax benefits cannot be obtained against this premium receipt.

Upon issuance of this receipt, all previously issued temporary receipts, if any, related to this policy are considered null and void.

| | |
|---------------------------|--|
| GSTI No.: 07AAFCM7916H1ZA | SAC Code / Type of Service : 997133 / General Insurance Services |
| Niva Bupa State Code: 7 | Customer State Code / Customer GSTI No.: 24 / 23BEQPS9944L1ZG |

Policy issuing office: Delhi, Consolidated Stamp Duty deposited as per the order of Government of National Capital Territory of Delhi.



Location: New Delhi
Date: 29/04/2023

Director - Operations & Customer Service
For and on behalf of Niva Bupa Health Insurance Company Limited
(formerly known as Max Bupa Health Insurance Co. Ltd.)

List of Un-recognized Hospitals

| Sr. No. | State | City | Hospital | Address |
|---------|---------|-------|--|--|
| 1 | Gujarat | Surat | Aakanksha Hospital | 126, Aaradhnanagar Soc., B/H. Bhulkabhavan School, Aanand-Mahal Rd., Adajan, Surat |
| 2 | Gujarat | Surat | Abhinav Hospital | Harsh Apartment, Nr Jamna Nagar Bus Stop, God Dod Road Surat |
| 3 | Gujarat | Surat | Adhar Ortho Hospital | Dawer Chambers, Nr. Sub Jail, Ring Rd., Surat |
| 4 | Gujarat | Surat | Aris Care Hospital | A 223-224, Mansarovar Soc, 60 Feet , Godadara Road, Surat |
| 5 | Gujarat | Surat | Arzoo Hospital | Opp. L.B. Cinema, Bhatar Rd., Surat |
| 6 | Gujarat | Surat | Auc Hospital | B-44 Gujarat Housing Board, Nandeshara |
| 7 | Gujarat | Surat | Dharamjivan General Hospital & Trauma Centre | Karmayogi - 1, Plot No. 20/21, Near Piyush Point, Pandesara |
| 8 | Gujarat | Surat | Dr. Santosh Basotia Hospital | Bhatar Road, Surat |
| 9 | Gujarat | Surat | Ghevariya Dental Clinic | 202, M K Complex, Variya Compound, Hirabag Circl |
| 10 | Gujarat | Surat | God Father Hospital | 344, Nandvan Soc., B/H. Matrushakti Soc., Puna Gam, Surat. |
| 11 | Gujarat | Surat | Govind-Prabha Arogya Sankool | Opp. Ratna-Sagar Vidhyalaya, Kaji Medan, Gopipura, Surat |
| 12 | Gujarat | Surat | Hari Milan Hospital | L H Road |
| 13 | Gujarat | Surat | Jaldhi Ano-Rectal Hospital | 103, Payal Apt., Nxt To Rander Zone Office, Tadvadi, Surat |
| 14 | Gujarat | Surat | Jeevan Path Gen. Hospital | 2nd. Fl., Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan, Surat. |
| 15 | Gujarat | Surat | Kalrav Children Hospital | Yashkamal Complex, Nr. Jivan Jyot, Udhna |
| 16 | Gujarat | Surat | Kanchan General Surgical Hospital | Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara Surat |
| 17 | Gujarat | Surat | Krishnavati General Hospital | Bamroli Road |
| 18 | Gujarat | Kutch | Mantra Orthopaedic Hospital Gandhidham(Kutch) | Dr. Bhavin N. Patel |
| 19 | Gujarat | Surat | Niramayam Hosptial & Prasutigruah | Shraddha Raw House, Near Natures Park |
| 20 | Gujarat | Surat | Patna Hospital | 25, Ashapuri Soc - 2, Bamroli Road, Surat |
| 21 | Gujarat | Surat | Poshia Children Hospital | Harekrishan Shoping Complex 1St Floor, Varachha Road, Surat |
| 22 | Gujarat | Surat | Prayosha Hospital | A-102/103, Shagun Residency, Puna Bombay Market Road, Puna, Surat, Gujarat |
| 23 | Gujarat | Surat | R.D Janseva Hospital | 120 Feet Bamroli Road, Pandesara, Surat |
| 24 | Gujarat | Surat | Radha Hospital & Maternity Home | 239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road |
| 25 | Gujarat | Surat | Santosh Hospital | L H Road |
| 26 | Gujarat | Surat | Shaurya Hospital | Udhna, Surat |
| 27 | Gujarat | Surat | Shikha General Hospital - Changed Name To Sai Hospital | 14 - Umiya Nagar - 1, Navagam Dindoli Road, Udhna |
| 28 | Gujarat | Surat | Shishumangal Children Hospital | Surat |

| Sr. No. | State | City | Hospital | Address |
|---------|---------------|---------------------|--|---|
| 29 | Gujarat | Surat | Shree Ramdev General & Surgical Hospital | 248,Shiv Nagar G.I.D.C. Road,Nr:Udhna Citizen Co-Operative Bank,Pandasara |
| 30 | Gujarat | Surat | Shree Sai Hospital & Prasuti Gruh | 14, Umiya Nagar-1, Navagam Dindoli Road, Udhna |
| 31 | Gujarat | Surat | Shreyans Anorectal & Daycare Hospital | 5Th Floor, Opp. Ayurvedic Collage, Station Road, Surat |
| 32 | Gujarat | Surat | Shri Panchratna Hospital & Prasutugruah | Geetanagar, Near Dindoli Jakat Naka, Navagam, Udhna, Surat |
| 33 | Gujarat | Surat | Shubham General Hospital | 2nd Floor, Nirmal Complex, Near Maruti Gaushala, Opp. Bhagwati Rus |
| 34 | Gujarat | Surat | Siddhi Clinic & Nursing Home | 33- Nandanvan Apt., Naginawadi, Surat |
| 35 | Gujarat | Surat | Sparsh Multy Specality Hospital & Trauma Care Center | G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank |
| 36 | Gujarat | Surat | Sree Uday Narayan General Hospital | 193,Sukhi Nagar, Bamroli Road, Near New Bridge, Pandesara, Surat |
| 37 | Gujarat | Surat | Tripathi Chartiable Hospital | Geetanagar, Near Dindoli Jakat Naka, Navagam, Udhna, Surat |
| 38 | Gujarat | Ahmedabad | Umiya Medical & Surgical Hospital | 2Nd Floor, Centre Plaza, Sattadhar Char Rasta, Sola Road |
| 39 | Gujarat | Surat | Varachha General Hospital | 17-26, Samarth Park Near Archana School |
| 40 | Uttar Pradesh | Kushi Nagar | Aastha Multispecialty Hospital | Padrauna Road, Kushinagar, Up, Ph : 9598440966/9793196178 |
| 41 | Maharashtra | Thane | Ashwini Nursing Home | Prashanti, Ground Floor, Agarkar Road, Dombivli East, Thane |
| 42 | Maharashtra | Thane | Asmita Nursing Home | Prashanti, Ground Floor, Agarkar Road, Dombivli East, Thane |
| 43 | Maharashtra | Thane | Balaji Nursing Home | Prashanti, Ground Floor, Agarkar Road, Dombivli East, Thane |
| 44 | Haryana | Rohtak | Channan Devi Memorial Hospital | Plot No.952, Ward No.23, Lal Chand Colony Chowk, Near Durga Mandir, Rohtak |
| 45 | Telangana | Hyderabad | Goodlife Hospitals | #1-7-309, Hanuman Nagar, Opp. Jaginis Foodland, Chaitanyapuri X Roads, Dilskhnagar |
| 46 | Orissa | Dhenkanal | Jagannath Clinic & Nursing Home | Durgabazar, Nuahata, Kantabania, Banarpal |
| 47 | Uttar Pradesh | Allahabad | Jeevan Jyoti Hospital | 162, Bai Ka Bagh, Lowther Road, Allahabad, Up |
| 48 | Tamilnadu | Mayiladuthurai | Krishna Hospital | No 8 Pattamangala Street Mayiladuthurai |
| 49 | Maharashtra | Mumbai | Mumtaz Nursing Home | 3/299/3774, Opp. Choti Masjid, Tagore Nagar, Near Hariyali Police Chowki, Vikhroli (E), Mumbai-400083 |
| 50 | Telangana | Kesava Nagar Colony | Padmaja Hospital | # 17-1- 386/1/18 Kesava Nagar Colony Champapet Hyderabad |
| 51 | Bihar | Harnaut | Pragya Nurshing Home | Harnaut |
| 52 | Telangana | Jeedimetla | Ram Hospitals | Shapur Nagar, Ida, Jeedimetla |
| 53 | Haryana | Gurgaon | Ramanarayan Hospital | Vill Bass Hariya P.O Bass Lambi Ggn-122503 |
| 54 | Maharashtra | Mumbai | Royal Nursing Home | Plot No 7, Sector-1, Airoli,, Navi Mumbai-400708 |
| 55 | Orrissa | Cuttak | Sabarmati General Hospital | Mahanadi Vihar |
| 56 | Uttar Pradesh | Meerut | Sahara Hospital | Ajanta Colony, Garh Road |

| Sr. No. | State | City | Hospital | Address |
|---------|----------------|------------------|--|--|
| 57 | Maharashtra | Mumbai | Sb Nursing Home | Powai |
| 58 | Uttar Pradesh | Meerut | Shagun Hospital | 24 Tyagi Market Tej Garhi |
| 59 | Haryana | Gurgaon | Shri Balaji Hospital & Trauma Center | Gadoli, Pataudi Road, Gurgaon |
| 60 | Telangana | Hyderabad | Sri Sai Thirumala Hospitals | Kishan Kumar Complex, Durga Nagar, Karmanghat Main Road |
| 61 | Madhya Pradesh | Bhopal | Venus Hospital And Medical Research Centre | H. No-2,Pipal Square,Karond, Bhopal |
| 62 | Telangana | Vanasthali Puram | Vijaya Nursing Home | Near Double Road, Vanasthali Puram |
| 63 | Uttar Pradesh | Allahabad | Virendra Hospital | 7 Stanley Road (Next To Mishra Bhavan)Civil Lines, Allahabad |
| 64 | Uttar Pradesh | Meerut | Yog Nursing Home | Near Tej Garhi, University Road |

Note:

1. Claims whether Cashless or reimbursement pertaining to treatments taken at the above mentioned Hospitals shall not be entertained, processed or paid by Niva Bupa.
2. The above list is only for the purpose of admissibility of claims with respect to any health insurance policies of Niva Bupa Health Insurance Company Limited.
3. The above list is subject to be updated from time to time. For updated list please visit this site at www.nivabupa.com or call our customer care at 1860 500 8888

Customer Information Sheet

| Sl. No | Title | Description | Policy Clause Number |
|--------|---|---|----------------------|
| 1 | Product Name | ReAssure 2.0 | |
| 2 | What am I covered for | <p>Base Coverage:</p> <ul style="list-style-type: none"> • Expenses in reaching the hospital: Road ambulance covered up to Sum Insured and Air ambulance up to INR 2,50,000 per hospitalization 4.1 • Expenses during Hospitalization: 2 hours and more covered (AYUSH covered for 24 hours and more). 4.2.1 • Modern treatments like Robotic surgeries, oral chemotherapy etc. are covered 4.2.2 • Expenses before and after hospitalization: 60 and 180 days respectively. Up to Sum Insured. 4.3 • Home Care/Domiciliary treatment covered up to Sum Insured. 4.4 • Organ donor expenses covered up to Sum Insured 4.5 • Annual Health Check-up can be availed from day 1 of the policy as per plan chosen by You 4.6 • ReAssure+ – 4.7 <ul style="list-style-type: none"> - ReAssure “Forever”: The first paid claim triggers ReAssure “Forever”. Maximum amount this benefit pays for any single claim is up to Base Sum Insured. 4.7.1 - Lock the Clock: Entry age is locked at the time of buying the policy, till a claim is paid 4.7.2 • ReAssureX - The first paid claim triggers ReAssure “Forever”. Maximum amount this benefit pays for any for any single claim is up to Base Sum Insured. 4.8 • Booster+ - carry forward unutilized Base sum insured for maximum 10 times of Base Sum Insured. 4.9 • Live Healthy - discount on premium at renewal 4.10 • Shared accommodation Cash Benefit- additional amount paid each day if shared room is opted. 4.11 • Second Medical opinion – choose to take a second medical opinion once in a policy year. 4.12 • E-consultation - Unlimited e-consultation with our partners. 4.13 <p>Optional Coverage:</p> <ul style="list-style-type: none"> • Hospital Daily Cash 4.14 • Personal Accident 4.15 • Safeguard 4.16 • Safeguard+ 4.17 • Pre-Existing Disease Waiting Time Modification 4.20 • Room Type Modification 4.21 | |
| 3 | What are the major exclusions in the policy | <ul style="list-style-type: none"> • Investigation & Evaluation • Rest Cure, rehabilitation and respite care • Obesity/ Weight Control • Cosmetic or plastic Surgery • Hazardous or Adventure sports • Breach of law • Excluded Providers • Refractive Error • Unproven Treatments • Sterility and Infertility • Maternity Expenses • Conflict & Disaster • External Congenital Anomaly • Dental Treatment • Unrecognized Physician or Hospital <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</p> | 5 |
| 4 | Waiting period | <ul style="list-style-type: none"> • 30-day Waiting Period: 30 days for all illness (not applicable on renewal or for accidents) 5.1.3 • Specified Disease/Procedure Waiting Periods: 24 months for few conditions as specified in policy document 5.1.2 • Pre-existing diseases: Covered after 36 months of continuous coverage (48 months for Bronze, Silver & Gold Variants) 5.1.1 • Personal Waiting Periods: Covered after up to 48 months of continuous coverage 5.2.1 | |
| 5 | Payment basis | Cashless treatment or Reimbursement of covered expenses up to specified limits | 6.2.4 |

| | | | |
|----|---------------------------|--|-------|
| 6 | Loss Sharing | <p>Claim Cost Sharing Options:</p> <ul style="list-style-type: none"> • Annual Aggregate Deductible: an aggregate amount in a year that is incurred by you on Hospital admission, which we will NOT pay. 4.18 • Co-payment: It is the percentage of admissible claim amount You would have to bear, Rest we will pay. 4.19 <p>Sub-limits mentioned for benefits:</p> <ul style="list-style-type: none"> • Modern Treatments: Up to INR 1Lac on few robotic surgeries 4.2.2 • Air Ambulance up to INR 2.5L per hospitalization 4.1.2 • Annual Health Check-up: 4.6 <ul style="list-style-type: none"> o Up to INR 500 for every INR 1 Lac Base Sum Insured o Individual policy: maximum INR 5,000 per Insured per Policy Year o Family Floater policy: maximum INR 10,000 per policy per Policy Year • Shared Accommodation: 4.11 <ul style="list-style-type: none"> o For sum insured up to INR 15 Lacs: INR 800 per day; maximum INR 4,800 o For sum insured above INR 15 Lacs: INR 1,000 per day; maximum up to INR 6,000 • Hospital Cash: 4.14 <ul style="list-style-type: none"> o Up to INR 5 Lakh Base Sum Insured: INR 1,000/day o Between INR 10 Lakh to INR 15 Lakh Base Sum Insured: INR 2,000/day o Above 15 Lakh Base Sum Insured: INR 4,000/day o Maximum coverage offered under this benefit is for 30 days / policy year / insured person. • Personal Accident: up to 5 times of Base Sum Insured. Maximum up to INR 1 Crore. 4.15 | |
| 7 | Renewal Conditions | <p>The Policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the Insured Person.</p> <ul style="list-style-type: none"> • The Company shall endeavor to give notice for renewal. However, the Company is not bound to give any notice for renewal. • Renewal shall not be denied on the ground that the Insured had made a claim or claims in the preceding policy years. • Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period. • At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period. • No loading shall apply on renewals based on individual claims experience. | 6.1.3 |
| 8 | Renewal Benefits | <ul style="list-style-type: none"> • Booster+ : Unutilized Base Sum Insured will be carried forward 4.9 • Live Healthy: Discounts at the time of Renewal basis health assessment of the Insured. 4.10 | |
| 9 | Cancellation | <p>This policy would be cancelled, and no claim or refund would be due to you if:</p> <ul style="list-style-type: none"> • you have not correctly disclosed details about current and past health status OR • you have otherwise encouraged or participated in any fraudulent claim under the policy. | 6.1.2 |
| 10 | Claims | <p>For Cashless Service:</p> <ul style="list-style-type: none"> • Hospital Network details can be obtained from www.nivabupa.com <p>For Reimbursement of Claim:</p> <ul style="list-style-type: none"> • Provide all claim related documents within 30 days from discharge | 6.2.4 |

| | | | |
|----|---|---|--|
| 11 | Policy Servicing/ Grievances/ Complaints | <ul style="list-style-type: none"> In case of any grievance the Insured Person may contact the company through: <p>Website: www.nivabupa.com Customer Services Department Niva Bupa Health Insurance Company Limited D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301 Contact No: 1860-500-8888 Fax No.: 011-41743397 Email ID: customercare@nivabupa.com Senior citizens may write to us at: seniorcitizensupport@nivabupa.com Insured person may also approach the grievance cell at any of the company's branches with the details of grievance</p> If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at: <p>Grievance Redressal Officer Niva Bupa Health Insurance Company Limited D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301 Email: GRO@nivabupa.com</p> <p>For details of grievance officer, kindly refer the link https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx</p> IRDAI/(IGMS/Call Centre): Email ID: www.igms.irdai.gov.in Ombudsman (Refer Annexure II of policy document for List of Insurance Ombudsmen) | 6.1.8 |
| 12 | Insured's Rights | <ul style="list-style-type: none"> Free Look - If you do not agree to the terms and conditions of the Policy, you may cancel the Policy, stating your reasons within 15 days (thirty days for policies with a term of 3 years, if sold through distance marketing) of receipt of the Policy document provided no claims have been made under any benefits. The free look provision is not applicable at the time of Renewal of the Policy. Implied renewability - Your policy is ordinarily renewable for life provided the due premium is paid on time. Migration and Portability - You can migrate / port your policy at the time of renewal according to the IRDAI guidelines. You can contact Customer Service Department (phone no. and email ID provided above) for migration and portability. Increase in Sum Insured during the Policy term - You may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting. You can contact Customer Service Department (phone no. and email ID provided above) for increasing the Sum Insured. Turn Around Time (TAT) for settlement of Reimbursement - We shall settle or repudiate a claim within 30 days of the receipt of the last necessary document. | 6.1.1 6.1.3 6.1.12 & 6.1.13 6.2.3 6.2.4 |
| 13 | Insured's Obligations | <ul style="list-style-type: none"> Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. Disclosure of material information at the time of Renewal such as change in address, geographical location etc. | 6.1.14 |

Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

Benefit Illustration

| Benefit Illustration (5 Lac Sum Insured, Policy Term 1 year) | | | | | | | | | | |
|---|--|-------------------|--|-------------------|------------------------------|-------------------|---|--------------------------|------------------------------|-------------------|
| Age of the members insured | Coverage opted on individual basis covering each member of the family separately (at a single point in time) | | Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family) | | | | Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family) | | | |
| | Premium (Rs.) | Sum Insured (Rs.) | Premi-um (Rs.) | Dis-count, if any | Premium after discount (Rs.) | Sum Insured (Rs.) | Premium or Consolidat-ed premi-um for all members of family (Rs.) | Floater discount, if any | Premium after discount (Rs.) | Sum Insured (Rs.) |
| Illustration 1 | | | | | | | | | | |
| 18 | 7,787 | 5,00,000 | 7,787 | 779 | 7,008 | 5,00,000 | 7,787 | 14,716 | 22,005 | 5,00,000 |
| 21 | 7,787 | 5,00,000 | 7,787 | 779 | 7,008 | 5,00,000 | 7,787 | | | |
| 39 | 9,761 | 5,00,000 | 9,761 | 976 | 8,785 | 5,00,000 | 9,761 | | | |
| 45 | 11,386 | 5,00,000 | 11,386 | 1,139 | 10,247 | 5,00,000 | 11,386 | | | |
| Total premium for all members of the family is Rs.36,721 , when each member is covered separately. Sum Insured available for each individual is Rs.500,000 . | | | Total premium for all members of the family is Rs.33,049 , when they are covered under a single policy. Sum Insured available for each family member is Rs.500,000 . | | | | Total premium when the policy is opted on floater basis is Rs.22,005 . Sum Insured of Rs.500,000 is available for the entire family. | | | |
| Illustration 2 | | | | | | | | | | |
| 55 | 20,244 | 5,00,000 | 20,244 | 2,024 | 18,220 | 5,00,000 | 20,244 | 9,642 | 46,275 | 5,00,000 |
| 63 | 35,673 | 5,00,000 | 35,673 | 3,567 | 32,106 | 5,00,000 | 35,673 | | | |
| Total premium for all members of the family is Rs.55,917 , when each member is covered separately. Sum Insured available for each individual is Rs.500,000 . | | | Total premium for all members of the family is Rs.50,326 , when they are covered under a single policy. Sum Insured available for each family member is Rs.500,000 . | | | | Total premium when the policy is opted on floater basis is Rs.46,275 . Sum Insured of Rs.500,000 is available for the entire family. | | | |
| Illustration 3 | | | | | | | | | | |
| 65 | 35,673 | 5,00,000 | 35,673 | 3,567 | 32,106 | 5,00,000 | 35,673 | 20,678 | 60,605 | 5,00,000 |
| 70 | 45,609 | 5,00,000 | 45,609 | 4,561 | 41,048 | 5,00,000 | 45,609 | | | |
| Total premium for all members of the family is Rs.81,282 , when each member is covered separately. Sum Insured available for each individual is Rs.500,000 . | | | Total premium for all members of the family is Rs. 73,154 , when they are covered under a single policy. Sum Insured available for each family member is Rs.500,000 . | | | | Total premium when the policy is opted on floater basis is Rs.60,605 . Sum Insured of Rs.500,000 is available for the entire family. | | | |

Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.

Premium is considered for Platinum+ Variant and Zone 1

Niva Bupa Health Insurance Company Limited

Registered Office:- C-98, First Floor, Lajpat Nagar, Part 1, New Delhi - 110024

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Product Name: ReAssure 2.0, Product UIN: NBHHLIP23169V012223

ReAssure 2.0 – Policy Wordings

1. Preamble

This Policy covers Allopathic and AYUSH treatments taken in **India ONLY**.

2. Definitions

It is IMPORTANT You should go through the definition of some words used in the policy. Definition of these may vary from the common understanding and colloquial meaning. If a word is not specifically defined in the following section, it's common meaning will apply.

2.1. Standard Definitions:

- 2.1.1. **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2.1.2. **AYUSH Hospital** is a healthcare facility wherein medical / surgical / para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - a. Central or state government AYUSH Hospital; or
 - b. Teaching Hospital attached to AYUSH college recognized by the Central Government / Central Council of Indian Medicine / Central Council of Homeopathy; or
 - c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least five in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.AYUSH Hospitals referred above shall also obtain either pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).
- 2.1.3. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems.
- 2.1.4. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
- 2.1.5. **Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. Internal Congenital Anomaly: Congenital Anomaly which is not in the visible and accessible parts of the body.
 - b. External Congenital Anomaly: Congenital Anomaly which is in the visible and accessible parts of the body.
- 2.1.6. **Co-payment** means a cost-sharing requirement under a health insurance policy that provides that the Policyholder/insured will bear a specified percentage of the admissible claim amount. A Co-payment does not reduce the Sum Insured.
- 2.1.7. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium
- 2.1.8. **Day Care Centre** means any institution established for Day Care Treatment of Illness and/or Injuries or a medical set-up with a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criterion as under:
 - a. has Qualified Nursing staff under its employment;
 - b. has qualified Medical Practitioner(s) in charge;
 - c. has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
 - d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- 2.1.9. **Day Care Treatment** refers to medical treatment, and/or Surgical Procedure which is:
 - a. undertaken under General or Local Anaesthesia in a Hospital/Day Care Centre in less than 24 hrs because of technological advancement, and
 - b. which would have otherwise required a Hospitalization of more than 24 hours.Treatment normally taken on an out patient basis is not included in the scope of this definition.
- 2.1.10. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and Surgery.
- 2.1.11. **Deductible** means a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
- 2.1.12. **Domiciliary Hospitalization** means medical treatment for an Illness/disease/Injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:
 - a. the condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
 - b. the patient takes treatment at home on account of non availability of room in a Hospital.

- 2.1.13. **Emergency care** means management for an Illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
- 2.1.14. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to Renew or continue a policy in force without loss of continuity benefits such as Waiting Periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which no premium is received.
- 2.1.15. **Hospital** means any institution established for Inpatient Care and Day Care Treatment of Illness and / or Injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has Qualified Nursing staff under its employment round the clock;
 - has at least 10 Inpatient beds in towns having a population of less than 10,00,000 and at least 15 Inpatient beds in all other places;
 - has qualified Medical Practitioner(s) in charge round the clock;
 - has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
 - maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.
- 2.1.16. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- 2.1.17. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
 - Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur
- 2.1.18. **Injury** means Accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- 2.1.19. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- 2.1.20. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerable more sophisticated and intensive than in the ordinary and other wards.
- 2.1.21. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivists charges.
- 2.1.22. **Maternity Expenses** shall include:
- Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization)
 - Expenses towards lawful medical termination of pregnancy during Policy Period.
- 2.1.23. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- 2.1.24. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- 2.1.25. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence.
- 2.1.26. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
- is required for the medical management of the Illness or Injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a Medical Practitioner;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 2.1.27. **Migration** means the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.
- 2.1.28. **Network Provider** means Hospital enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a Cashless Facility.
- 2.1.29. **Non-Network Provider** means any Hospital, Day Care Centre or other provider that is not part of the network.

- 2.1.30. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication
- 2.1.31. **OPD Treatment** means the one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or In-patient.
- 2.1.32. **Pre-existing Disease** means any condition, ailment, injury or disease
- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
- 2.1.33. **Pre-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 2.1.34. **Post-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital, provided that:
- Such Medical Expenses are for the same condition for which the Insured Person's Hospitalization was required, and
 - The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 2.1.35. **Portability** means the right accorded to an individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.
- 2.1.36. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.
- 2.1.37. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time bound exclusions and for all Waiting Periods.
- 2.1.38. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 2.1.39. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.
- 2.1.40. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven

2.2. Specific Definitions

- 2.2.1. **Base Sum Insured** means the coverage amount for which the premium is computed and charged for this policy.
- 2.2.2. **Insured Person** is the one for whom the company has received full premium (including additional premium if any), completed the risk assessment and issued the policy. The names of the Insured persons covered in the policy are specified in the policy document, who are also referred as You/Your/Policyholder in this policy.
- 2.2.3. **Partner Network** means Hospital, Diagnostic Centers, Clinics, Doctors, Health Care Workers, empanelled by the Insurer and/or by a consolidated organization to provide health related medical services.
- 2.2.4. **Policy Year** means the period of one year from the date of commencement of the policy.

3. Sum Insured(s)

The product offers you so much more! More benefits, More options and More Sum Insured. Sum Insured will be utilized as per following sequence in event of any claim:

1. Base Sum Insured
2. Booster+ Sum Insured
3. Safeguard/Safeguard+ Sum Insured
4. ReAssure+/ReAssureX

4. Benefits available under the policy.

Different benefits have different limits or Sum Insured. A limit or Sum Insured is our maximum liability (basically this is the maximum claim we will pay) under the benefit. These limits & Sum Insured will be mentioned in your Policy Schedule.

4.1. Expenses in reaching a Hospital

4.1.1. **Road Ambulance:** We will pay you up to Sum Insured

4.1.2. **Air Ambulance:** Only in case of Emergency. Maximum INR 2,50,000 per hospitalization.

Note: This will be paid only if claim for hospitalization is paid by us. You must always use a registered ambulance / air ambulance provider.

4.2. Expenses during Hospitalization

4.2.1. We will pay the expenses incurred by you on treatment (Naturally this excludes expenses not linked to treatment like food, beverage, toiletries and cosmetics). We don't limit your choice. Choose the room you like, but choose judiciously to protect your Sum Insured.

- Admitted for **2 hours or more** (minimum 24 hours for AYUSH treatment in a AYUSH Hospital)

Note:

- We will NOT pay, even if you were hospitalized, if there was no treatment and only investigations were done. Examples: MRI, CT Scan, Endoscopy, Colonoscopy etc.**
- We will NOT pay for Automation machine for peritoneal dialysis**

4.2.2. **We pay for Modern treatments** as specified below:

| | | | |
|--|---|---|--|
| Uterine Artery Embolization and HIFU (High intensity focused ultrasound) | Immunotherapy- Monoclonal Antibody to be given as injection | Vaporisation of the prostate (Green laser treatment or holmium laser treatment) | Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions |
| Balloon Sinuplasty | Oral Chemotherapy | Robotic surgeries | Stereotactic radio Surgeries |
| Deep Brain stimulation | Intra vitreal injections | Bronchical Thermoplasty | IONM - (Intra Operative Neuro Monitoring) |

NOTE: A limit of maximum INR 1,00,000 per claim will apply to all robotic surgeries, except for total radical prostatectomy, cardiac surgeries, partial nephrectomy and surgeries for malignancies.

4.3. Expenses before and after hospitalization (Pre & Post hospitalization)

We will pay expenses incurred on consultations, medicines, physiotherapy, diagnostic tests for 60 days before the date of admission and 180 days after date of discharge **IF these are related** to the condition for which hospitalization claim is paid.

4.4. Home Care / Domiciliary Treatment

Home Care Treatment means treatment availed by the insured person at home which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

4.4.1. **The** medical practitioner advises the insured person to undergo treatment at home

4.4.2. **There** is continuous active line of treatment with monitoring of health status by a medical practitioner for each day through the duration of the home care treatment

4.4.3. **Daily** monitoring chart including records of treatment administered duly signed by the treating doctor is maintained

Note:

- We will pay for Pre & Post hospitalization benefit as per section 4.3 for Home Care / Domiciliary Treatment.
- **We pay for peritoneal dialysis, Chemotherapy taken at home.**
- **We do NOT pay for any Medical & ambulatory devices used at home** (like Pulse Oxymeter, BP monitors, Sugar monitors, automation device for peritoneal dialysis, CPAP, BiPAP, Crutches, wheel chair etc.)

4.5. Organ donor

If you ever undergo an organ transplant, we will pay the hospitalization expenses of the donor for harvesting the organ, **ONLY** when your Hospitalisation claim is paid.

If you donate any of your organs, we will pay for the expenses for harvesting the organ from you. We respect this noble deed. Remember, **organ donation saves many lives.**

4.6. Annual Health Checkup

Available once every Policy Year, from day 1 of the policy. You can choose any test(s) from the list specified below up to your eligibility limit. The tests **MUST** be booked through our digital assets (e.g. Mobile App). This benefit is available **ONLY** on cashless and no re-imbursment is allowed.

| List of tests covered: | | |
|--------------------------------------|---|----------------------------------|
| Complete blood count (CBC) | Complete Physical Examination by Physician | Serum Electrolytes |
| Urine Routine & Microscopic | Post prandial/lunch blood sugar (PPBS / PLBS) | HbA1C |
| Erythrocyte Sedimentation Rate (ESR) | Uric Acid | Thyroid function test |
| Fasting Blood sugar (FBS) | Lipid Profile | Liver Function Test (LFT) |
| Electrocardiogram (ECG) | Kidney function test | Treadmill test (TMT) OR 2 D ECHO |
| X Ray chest | Serum Vitamin D | Ultrasound test (USG) |
| Mammogram | Colonoscopy (for >50 year olds) | Serum calcium |
| PAP smear | | |

Note: If you undergo multiple tests, make sure that all these are done within 7 days. Unutilized amount will not be carried forward to next policy year.

4.7. ReAssure+

4.7.1 ReAssure “Forever”:

Enjoy unlimited Sum Insured. The first paid claim in the life of the policy triggers ReAssure “Forever”. Once Triggered it stays for life, provided that the policy is renewed without break.

Note:

- **Maximum amount ReAssure+ pays for any single claim is up to Base Sum Insured.**
- We will consider a claim, if it is paid under the following: **Expenses in reaching a Hospital, Expenses during Hospitalization, Expenses before and after hospitalization, Home Care / Domiciliary Treatment, Organ Donor.**
- Expenses in reaching a Hospital and Expenses before and after hospitalization for the 1st ever hospitalization will be treated as the 1st claim itself.

Year 1: Once the Policy is bought

| Base Sum Insured | 1st paid Claim | | Balance Base Sum Insured | 2nd payable claim | Claim amount paid | Balance Base Sum Insured | 3rd Payable claim | Claim amount paid |
|------------------|----------------|--|--------------------------|-------------------|--|--------------------------|-------------------|------------------------|
| 10 Lakh | 7 Lakh | ReAssure+ is triggered (Equal to Base Sum Insured) | 3 Lakh | 12 Lakh | 12 Lakh (3 Lakh from Base Sum Insured and 9 Lakh from ReAssure+) | Nil | 11 Lakh | 10 Lakh from ReAssure+ |

Year 2: Once the policy is renewed

| Base Sum Insured | ReAssure+ is already triggered | 1st Claim Paid | Balance Base Sum Insured | 2nd payable claim | Claim amount paid | Balance Base Sum Insured | 3rd Payable claim | Claim amount paid |
|------------------|--------------------------------|---|--------------------------|-------------------|-------------------|--------------------------|-------------------|---|
| 10 Lakh | 10 Lakh | 15 Lakh | Nil | 12 Lakh | 10 Lakh | Nil | 10 Lakh | 10 Lakh from ReAssure+ |
| | | 10 Lakhs from Base Sum Insured and 5 Lakhs from ReAssure+ | | | ReAssure+ | | ReAssure+ | (this 10 Lakh will trigger unlimited times) |

4.7.2 Lock the Clock:

Your age is locked at entry when you buy the policy, till a claim is paid.

E.g. if you buy the policy at 25 years, you will keep paying the premium applicable for a 25 year old at each renewal, till a claim is paid in the policy. Post the claim is paid, the premium charged will be as per your current age and will continue to change as per the age slabs at each renewal.

Note:

- In case of multi tenure policies, the premium for the entire tenure will be charged as per the entry age. No additional premium will be charged in the middle of the tenure in case of claims.
At the time of renewal (in case of a claim), the premium will be charged as per the current age of the consumer at renewal.
- If you add a member to the floater plan, then the premiums will be charged as per the entry age of the eldest member and will lock the premium at that age, till a claim is paid.

- If you add a member to an individual plan and convert it into a Floater plan, then the premiums will be charged as per the entry age of the eldest member and will lock the premium at that age, till a claim is paid.
- If the eldest member is no longer part of the Floater plan, then the Floater premium will be calculated as per the original entry age of the eldest member in the policy amongst the remaining members and lock at that age, till a claim is paid.
- If a floater plan, splits into multiple policies, then we will carry forward the locked age at which the floater policies were taken by individuals (as per the claim history) in the policies carried forward, till a claim is paid.
- In a multi individual policy, the age will unlock only for the individuals who claim.
- In a floater policy, if a claim is paid for anyone in the plan then we will unlock the age for the entire policy.
- We will consider a claim, if a claim is paid under the following: **Expenses in reaching a Hospital, Expenses during Hospitalization, Expenses before and after hospitalization, Home Care / Domiciliary Treatment, Organ Donor**

4.8. ReAssureX

Enjoy unlimited Sum Insured. The first paid claim in the life of the policy triggers ReAssure “Forever”. Once Triggered it stays for life, provided that the Policy is renewed without break.

Note:

- **Maximum amount ReAssureX pays for any single claim is up to Base Sum Insured.**
- We will consider a claim, if it is paid under the following: **Expenses in reaching a Hospital, Expenses during Hospitalization, Expenses before and after hospitalization, Home Care / Domiciliary Treatment, Organ Donor.**
- Expenses in reaching a Hospital and Expenses before and after hospitalization for the 1st ever hospitalization will be treated as the 1st claim itself.

Year 1: Once the Policy is bought

| Base Sum Insured | 1st paid Claim | | Balance Base Sum Insured | 2nd payable claim | Claim amount paid | Balance Base Sum Insured | 3rd Payable claim | Claim amount paid |
|------------------|----------------|--|--------------------------|-------------------|--|--------------------------|-------------------|------------------------|
| 10 Lakh | 7 Lakh | ReAssureX is triggered (Equal to Base Sum Insured) | 3 Lakh | 12 Lakh | 12 Lakh (3 Lakh from Base Sum Insured and 9 Lakh from ReAssureX) | Nil | 11 Lakh | 10 Lakh from ReAssureX |

Year 2: Once the policy is renewed

| Base Sum Insured | ReAssureX Sum Insured | 1st Claim Paid | Balance Base Sum Insured | 2nd payable claim | Claim amount paid | Balance Base Sum Insured | 3rd Payable claim | Claim amount paid |
|------------------|-----------------------|---|--------------------------|-------------------|-------------------|--------------------------|-------------------|---|
| 10 Lakh | 10 Lakh | 15 Lakh | Nil | 12 Lakh | 10 Lakh | Nil | 10 Lakh | 10 Lakh from ReAssureX |
| | | 10 Lakhs from Base Sum Insured and 5 Lakhs from ReAssureX | | | ReAssureX | | ReAssureX | (this 10 Lakh will trigger unlimited times) |

4.9. Booster+

Don't lose what you don't use.

Utilized Base Sum Insured carries forward. Maximum it will accumulate up to 3/5/10 times (based on the plan you have chosen) of the Base Sum Insured.

Example: If you have chosen Base Sum Insured of INR 10 lakh and Titanium+ Variant, then at the end of 10 years (if you have made no claims in these years) you will have

1.10 Crore Sum Insured (that is 10 Lakh base + 1 Crore Booster+). Don't forget that you would have the Safeguard / Safeguard+ (this is a great benefit. You must choose it) and ReAssure “Forever” (in case of claim) over and above the 1.10 Crore.

That's 11 times of Base Sum Insured than what you paid for.

Note:

- If you convert an Individual Sum Insured policy in any manner, into a floater plan, then the least of the Booster+ Sum Insured of individual insured members will be carried forward to the floater plan.
- If a floater plan, splits into multiple policies, then the Booster+ Sum Insured of floater plan will be carried forward to the split policies, provided the Base Sum Insured is not reduced.
- If you reduce the Base Sum Insured, Booster+ Sum Insured will be proportionately reduced. Let's say if you reduce the current INR 10 lakh Sum Insured to INR 5 lakh, your Booster+ Sum Insured will be halved.
- You can and should regularly increase Sum Insured of your Health insurance policy. Medical inflation is a reality and current Sum Insured will fall short in future for advanced treatments. When you enhance your Sum Insured, the accumulated Booster+ Sum Insured will continue and grow even more (remember Booster+ is up to maximum 3/5/10 times (based on the plan you have chosen) of the Base Sum Insured. Higher the Base Sum insured higher the Booster+ Sum Insured).

4.10. Live Healthy

Simply walk and earn up to 30% discount at renewal, by downloading the recommended mobile App and get your Health points. 1000 steps will help you earn one health point!

Note: Discount is on the individual's premium in Individual plan and on Floater Policy Premium in Floater plans. Discount will be considered only for Insured's 18 years and above.

Renewal discount is computed based on the health score on 90 days before the due date of renewal. These points are not lost and will be considered for the next policy year.

Policy Period: 1 year

| Policy Start Date | End of 9 months | Points at the end of 9 months (A) This will be considered for discount on the first renewal. | Points in next 3 months (B) | Total points considered for discount (A + B) from 2nd Policy Period onwards | Discount on renewal premium (Renewal policy start date 1st April 2024) NOTE: Discount applicable on the member's premium in Individual sum insured policies and on the Policy premium in case of Floater | |
|-------------------|--------------------|---|-----------------------------|---|---|---|
| | | | | | Individual sum insured policy and Floater policies with 1 Adult | Floater policies with more than 1 Adult |
| 1st April 2023 | 31st December 2023 | Upto 1500 | | | 0% | 0% |
| | | 1501 – 2250 | | | 5% | 2.5% |
| | | 2251 – 3000 | | | 15% | 7.5% |
| | | 3001 – 3750 | | | 20% | 10% |
| | | >=3751 | | | 30% | 15% |

Policy Period: 2 years

| Policy Start Date | End of 21 months | Points at the end of 21 months (A) This will be considered for discount on the first renewal. | Points in next 3 months (B) | Total points considered for discount (A + B) from 2nd Policy Period onwards | Discount on renewal premium (Renewal policy start date 1st April 2025) NOTE: Discount applicable on the member's premium in Individual sum insured policies and on the Policy premium in case of Floater | |
|-------------------|--------------------|--|-----------------------------|---|---|---|
| | | | | | Individual sum insured policy and Floater policies with 1 Adult | Floater policies with more than 1 Adult |
| 1st April 2023 | 31st December 2024 | Upto 3000 | | | 0% | 0% |
| | | 3001 – 4500 | | | 5% | 2.5% |
| | | 4501 – 6000 | | | 15% | 7.5% |
| | | 6001 – 7500 | | | 20% | 10% |
| | | >=7501 | | | 30% | 15% |

Policy Period: 3 years

| Policy Start Date | End of 33 months | Points at the end of 33 months (A) This will be considered for discount on the first renewal. | Points in next 3 months (B) | Total points considered for discount (A + B) from 2nd Policy Period onwards | Discount on renewal premium (Renewal policy start date 1st April 2026) NOTE: Discount applicable on the member's premium in Individual sum insured policies and on the Policy premium in case of Floater | |
|-------------------|--------------------|--|-----------------------------|---|---|---|
| | | | | | Individual sum insured policy and Floater policies with 1 Adult | Floater policies with more than 1 Adult |
| 1st April 2023 | 31st December 2025 | Upto 4500 | | | 0% | 0% |
| | | 4501 – 6750 | | | 5% | 2.5% |
| | | 6751 – 9000 | | | 15% | 7.5% |
| | | 9001 – 11250 | | | 20% | 10% |
| | | >=11251 | | | 30% | 15% |

4.11. Shared accommodation Cash Benefit

If you opt for a shared room (for which hospitalization claim is paid), we will pay an additional amount for each day's hospitalization. One day is considered as 24 continuous hours of hospitalization.

4.12. Second Medical Opinion

Once in a Policy year, you can choose to take a second medical opinion from any Medical Practitioner for which we have paid a claim under expenses during hospitalization. Through our partners we can help you get a second opinion from some of the most reputed doctors in the country.

4.13. e-Consultation

You can take Unlimited e-consultations from our Partners.

Optional Benefit:**4.14. Hospital Cash**

We will pay for an Insured, an additional fixed amount for each day's hospitalization for maximum up to 30 days. One day is considered as 24 continuous hours of hospitalization.

Note: we will pay if you were hospitalized for 48 hours or more continuously.

4.15. Personal Accident**4.15.1. Accidental Death (AD)**

In event of unfortunate demise of the insured within 365 days from the date of the Accident, we will pay the Sum Insured.

The Personal accident benefit will terminate after the Accidental Death benefit is paid for.

4.15.2. Permanent Total Disability

If the Insured Person suffers Permanent Total Disability, within 365 days from the date of the Accident, we will pay the benefit as per the below Table

| Condition for Permanent Total Disability | % of Accidental Death Sum Insured |
|---|-----------------------------------|
| Complete & Irrecoverable loss of : <ul style="list-style-type: none"> Any 2 Limbs Sight of both eyes Speech & hearing of both Ears Combination of One Limb & Sight of One Eye | 125% |
| Complete & Irrecoverable loss of : <ul style="list-style-type: none"> 1 Limb Sight of 1 Eye | 50% |

a. Complete & Irrecoverable loss of limb means physical separation or complete loss of functionality of the limb, within 365 days from the date of the Accident. This will include Paralysis including Paraplegia, Quadriplegia with loss of functional use of limb.

The Personal accident benefit will terminate after the Permanent Total Disability benefit is paid for.

4.15.3. Permanent Partial Disability

- a. If the Insured Person suffers a Permanent Partial Disability, within 365 days from the date of the Accident, within the Policy Period, we will pay the benefit as per the below Table

| Condition for Permanent Partial Disability | % of Accidental Death Sum Insured |
|--|-----------------------------------|
| Each arm at the shoulder joint | 70% |
| Each arm to a point above elbow joint | 65% |
| Each arm below elbow joint | 50% |
| Each hand at the wrist | 50% |
| Each Thumb | 20% |
| Each Index Finger | 10% |
| Each other Finger | 5% |
| Each leg above center of the femur | 70% |
| Each leg up to a point below the femur | 65% |
| Each leg to a point below the knee | 50% |
| Each foot at the ankle | 40% |
| Each big toe | 5% |
| Each other toe | 2% |
| Each eye | 50% |
| Hearing in each ear | 30% |
| Sense of smell | 10% |
| Sense of taste | 5% |

- b. If a Permanent Partial Disability loss is not mentioned in the table above, then we will internally assess the degree of disablement and determine the amount of payment to be made.
- c. If there is more than one Permanent Partial Disability loss, then the total claim amount put together for all losses will not exceed the total Accidental Death Sum Insured opted. Once Total Sum Insured is paid, the policy will lapse.

4.16. Safeguard

- 4.16.1. **Claim Safeguard:** We will cover non-payable items mentioned in '**List I – Expenses not covered**' of **Annexure I'**. Clause 2.1.36 for Reasonable and Customary Charges will still apply.
- 4.16.2. **Booster+ Safeguard:** Booster+ will not be impacted if the total claim in a policy year is up to INR 50,000
- 4.16.3. **Sum Insured Safeguard:** Preserves the value of Sum Insured. Safeguards it against inflation. We will increase the Base Sum Insured on cumulative basis at each renewal by the rate of inflation in the previous year. Inflation rate would be the average consumer price index (CPI) of the entire calendar year published by the Central Statistical Organization (CSO).
- Note:** You will lose all accumulated Sum Insured Safeguard if you opt out of this benefit at any point in time.

4.17. Safeguard+

- 4.17.1. **Claim Safeguard+:** We will cover non-payable items mentioned in '**List I,II,III,IV of Annexure I'**. Clause 2.1.36 for Reasonable and Customary Charges will still apply.
- 4.17.2. **Booster+ Safeguard+:** Booster+ will not be impacted if the total claim in a policy year is up to INR 1,00,000.
- 4.17.3. **Sum Insured Safeguard+:** Preserves the value of Sum Insured. Safeguards it against inflation. We will increase the Base Sum Insured on cumulative basis at each renewal by the rate of inflation in the previous year. Inflation rate would be the average consumer price index (CPI) of the entire calendar year published by the Central Statistical Organization (CSO).
- Note:** You will lose all accumulated Sum Insured Safeguard+ if you opt out of this benefit at any point in time.

Note: You can either choose Safeguard or Safeguard+ at a given point in time.

4.18. Annual Aggregate Deductible

This is an aggregate amount in a year that is incurred by you on Expenses in reaching a Hospital, Expenses during Hospitalization, Expenses before and after hospitalization, Home Care / Domiciliary Treatment, Organ Donor, which we will NOT pay. Once the total expense exceeds this amount, balance we will pay..

Note:

- a. Deductible amount borne by you should also be payable as per policy terms and conditions.
- b. Deductible will **NOT** apply to Annual Health Check-up, Live Healthy, Second Medical Opinion, Shared Accommodation Cash, e-consultation, Personal Accident, Hospital Daily Cash benefits.

4.19. Co-payment

It is the percentage of admissible claim amount You would have to bear, Rest we will pay.

Note: Co-payment will **NOT** apply to Annual Health Check-up, Live Healthy, Second Medical Opinion, Shared Accommodation Cash, e-consultation, Personal Accident, Hospital Daily Cash benefits.

4.20. Pre-Existing Disease Waiting Time Modification

You can choose to reduce or increase the Pre-Existing Disease waiting time.

4.21. Room Type Modification

You can as per your lifestyle, choose to change the room category we are offering, and opt for what suits you best!

You can choose between a Single Private Room and a Sharing Room. Irrespective of the Room type you choose, ICU admission will always be paid up to Sum Insured.

5. Exclusions

5.1. Standard Exclusions

5.1.1. Pre-existing Diseases (Code-Excl01):

- a. Expenses related to the treatment of a Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months (48 months for Bronze, Silver & Gold Variants) of continuous coverage after the date of inception of the first Policy with Us.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the Policy after the expiry of 36 months (48 months for Bronze, Silver & Gold Variants) for any Pre-existing Disease is subject to the same being declared at the time of application and accepted by Us.

5.1.2. Specified disease/procedure waiting period (Code- Excl02)

- a. Expenses related to the treatment of the listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Policy with us. This exclusion shall not be applicable for claims arising due to an Accident (covered from day 1) or Cancer (covered after 30-day waiting period).
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures:
 - i. Pancreatitis and stones in biliary and urinary system
 - ii. Cataract, glaucoma and retinal detachment
 - iii. Hyperplasia of prostate, hydrocele and spermatocele
 - iv. Prolapse uterus or cervix, endometriosis, Fibroids, Polycystic ovarian disease (PCOD), hysterectomy (unless necessitated by Malignancy)
 - v. Hemorrhoids, fissure, fistula or abscess of anal and rectal region
 - vi. Hernia of any site or type,
 - vii. Osteoarthritis, joint replacement, osteoporosis, systemic connective tissue disorders, inflammatory polyarthropathies, Rheumatoid
 - viii. Varicose veins of lower extremities
 - ix. All internal or external benign neoplasms/ tumours, cyst, sinus, polyps, nodules, mass or lump
 - x. Ulcer, erosion or varices of gastro intestinal tract
 - xi. Surgical treatment for diseases of middle ear and mastoid (including otitis media, cholesteatoma, perforation of tympanic membrane), Tonsils and adenoids, nasal septum and nasal sinuses

5.1.3. 30-day waiting period (Code- Excl03):

- a. Expenses related to the treatment of any Illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
- c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

5.1.4. Investigation & Evaluation (Code-Excl04)

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5.1.5. **Rest Cure, rehabilitation and respite care (Code-Excl05)**

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

5.1.6. **Obesity/ Weight Control (Code-Excl06)**

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- a. Surgery to be conducted is upon the advice of the Doctor.
- b. The surgery/Procedure conducted should be supported by clinical protocols.
- c. The member has to be 18 years of age or older and;
- d. Body Mass Index (BMI);
 - i. greater than or equal to 40 or
 - ii. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 1. Obesity-related cardiomyopathy
 2. Coronary heart disease
 3. Severe Sleep Apnea
 4. Uncontrolled Type2 Diabetes

5.1.7. **Cosmetic or plastic Surgery (Code-Excl08)**

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

5.1.8. **Hazardous or Adventure sports (Code-Excl09)**

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

5.1.9. **Breach of law (Code-Excl10)**

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

5.1.10. **Excluded Providers (Code-Excl11)**

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in Our website / notified to the Policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

The complete list of excluded providers can be referred to on our website.

5.1.11. **Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)**

5.1.12. **Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code-Excl13)**

5.1.13. **Refractive Error (Code-Excl15)**

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

Note: Less than 7.5 Dioptre means a power of eye either >7.5 Dioptre for Hypermetropia or far sightedness (say +7.75 Dioptre) or < 7.5 Dioptre for Myopia or near sightedness (say -7.75 Dioptre).

5.1.14. **Unproven Treatments (Code-Excl16)**

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

5.1.15. **Sterility and Infertility (Code-Excl17)**

Expenses related to sterility and infertility. This includes:

- a. Any type of contraception, sterilization
- b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c. Gestational Surrogacy
- d. Reversal of sterilization

5.1.16. **Maternity Expenses (Code-Excl18)**

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;
- b. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period.

5.2. Specific Exclusions

5.2.1. **Personal Waiting Period**

Conditions specified for an Insured Person under Personal Waiting Period will be subject to a Waiting Period of up to 48 months from the inception of the First Policy with Us.

5.2.2. **Conflict & Disaster:**

Treatment for any Injury or Illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism.

5.2.3. **External Congenital Anomaly:**

Screening, counseling or treatment related to external Congenital Anomaly.

5.2.4. **Dental treatment:**

All dental treatments other than due to accidents and cancers.

5.2.5. **Unrecognized Physician or Hospital:**

- a. Treatment or Medical Advice provided by a Medical Practitioner not recognized by the Medical Council of India or by Central Council of Indian Medicine or by Central council of Homeopathy.
- b. Treatment provided by anyone with the same residence as an Insured Person or who is a member of the Insured Person's immediate family or relatives.
- c. Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India.

5.2.6. Costs which are not Reasonable and Customary and treatments which are not Medically Necessary. Refer Definition 2.1.36 for Reasonable and Customary Charges.

5.2.7. Artificial life maintenance for the Insured Person who has been declared brain dead or in vegetative state

6. General Terms and Clauses

6.1. Standard General Terms and Clauses

6.1.1. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days (thirty days for policies with a term of 3 years, if sold through distance marketing) from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to:

- i. refund of the premium paid, less any expenses incurred by the Company on medical examination of the insured person.

6.1.2. Cancellation

- i. The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

The below grid shall be applicable for 'Yearly / Annual/One Time' premium payment frequency.

| 1 year Tenure | | 2 years Tenure | | 3 years Tenure | |
|-----------------------|--------------------|-----------------------|--------------------|-----------------------|--------------------|
| Policy in-force up to | Refund Premium (%) | Policy in-force up to | Refund Premium (%) | Policy in-force up to | Refund Premium (%) |
| Up to 30 days | 75% | Up to 30 days | 87.5% | Up to 30 days | 90% |
| 31 to 90 days | 50% | 31 to 90 days | 75% | 31 to 90 days | 87.5% |
| 91 to 180 days | 25% | 91 to 180 days | 62.5% | 91 to 180 days | 75% |
| exceeding 180 days | 0% | 181 to 365 days | 50% | 181 to 365 days | 60% |
| | | 366 to 455 days | 25% | 366 to 455 days | 50% |
| | | 456 to 545 days | 12% | 456 to 545 days | 25% |
| | | Exceeding 545 days | 0% | 545 to 720 days | 12% |
| | | | | Exceeding 720 days | 0% |

Simplified for you

Free look is a 15 / 30 days period during which you can return back your policy, if you don't like what you have purchased.

Simplified for you

You can cancel your policy whenever you wish.

Note: We will NOT refund any premium if we have paid a claim.

We will refund part of the premium depending on how many days your policy has been running for, if there is no claim.

No refund is applicable for Half Yearly, Quarterly & Monthly premium frequencies.

In case of death of an Insured, pro-rate refund of the premium for the deceased insured will be refunded, provided there is no history of claim.

- ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

6.1.3. **Renewal of Policy**

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days (15 days in case of other than single premium policies) to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.

6.1.4. **Possibility of Revision of Terms of the Policy Including the Premium Rates**

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are effected.

6.1.5. **Nomination**

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/ Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

6.1.6. **Fraud**

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy: a) the suggestion, as a fact of that which is not true and

Simplified for you

If we ever cancel your policy, it will be for Fraud or Non disclosure only. Insurance contract is a legal contract too and it's based on trust.

Fraud is an action by you or anyone acting on your behalf where you receive benefits, financial or otherwise, for which you are either not eligible at all or not to the extent under the policy.

Pay your renewal premium before end of policy period to maintain continuity of benefits. A grace period is also available to pay the premium after policy expiry.

Note: You are NOT insured during the grace period.

Simplified for you

We will cancel your policy, will not pay any claim, will not refund any premium paid and have right to take all possible legal action against you including for recovery of benefits paid earlier, if

- You withheld any information from us, whole or part that would have invited any decision other than a 'standard acceptance' of your application for insurance.

Note: Non standard decisions are:

- ° Loading – We ask for additional premium
- ° Exclusions – We apply a additional waiting period for health conditions or treatments
- ° Rejection – We hate to do this. But sometimes are compelled to say no to a customer

which the insured person does not believe to be true; b) the active concealment of a fact by the insured person having knowledge or belief of the fact; c) any other act fitted to deceive; and d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

6.1.7. **Withdrawal of Policy**

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

6.1.8. **Redressal of Grievance:**

In case of any grievance the insured person may contact the company through:

Website: www.nivabupa.com

Toll- Free: 1860-500-8888

E-mail: customercare@nivabupa.com

(Senior citizens may write to us at: seniorcitizensupport@nivabupa.com)

Fax : 011-41743397

Courier: Customer Services Department
Niva Bupa Health Insurance Company Limited
D-5, 2nd Floor, Logix Infotech Park
opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:

Head – Customer Services

Niva Bupa Health Insurance Company Limited

D-5, 2nd Floor, Logix Infotech Park

opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301

Contact No: 1860-500-8888

Fax No.: 011-41743397

Email ID: customercare@nivabupa.com

For updated details of grievance officer, kindly refer the link <https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx>

If the Insured person is not satisfied with the above, they can escalate to GRO@nivabupa.com.

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017 (at the addresses given in Annexure II).

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

6.1.9. **Claim settlement (Provision for Penal interest)**

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the

IMPORTANT: We understand you may not know how important is the information on your health and it's impact on your policy. Hence it's very important that you disclose all health information and we would decide how important (we call it 'material') it is.

- Cause fraud of any kind

Simplified for you

We will provide our decision on claim within 30 days (45 days for investigated cases) from submission of all necessary claim documents.

- date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
 - iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

6.1.10. **Moratorium Period**

After completion of eight continuous years under the Policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first Policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the Policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract.

6.1.11. **Multiple Policies**

- i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the Sum Insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

6.1.12. **Migration**

The Insured Person will have the option to migrate the Policy to other health insurance products / plans offered by the Company policy by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product / plan offered by the Company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

6.1.13. **Portability**

The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire Policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been

For any delay in payment of claim, we will pay interest on the claim amount at a rate 2% above bank rate.

Simplified for you

After 8 years, no health insurance claim shall be contestable except for proven fraud and permanent exclusions.

Simplified for you

In case you have multiple policies, you can choose the policy from which you want to claim first.

If claim amount exceeds the Sum Insured of first policy you claim from; then you can claim the balance amount from the second policy.

Simplified for you

You can shift your policy to any other health insurance product / plan offered by us as per migration guidelines.

Simplified for you

You can also shift your policy to any other insurer as per portability guidelines.

continuously covered without any lapses under any health insurance policy with an Indian General / Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

6.1.14. **Disclosure of Information**

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

6.1.15. **Condition Precedent to Admission of Liability**

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

6.1.16. **Complete Discharge**

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

6.1.17. **Premium Payment in Instalments**

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- i. Grace Period of 30 days in case of single premium policies, and a period of 15 days in case of other than single premium policies, would be given to pay the instalment premium due for the policy.
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the instalment premium is not paid on due date
- v. In case of instalment premium due not received within the grace period, the policy will get canceled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

6.2. **Specific Terms and Clauses**

6.2.1. **Automatic Cancellation:**

The Policy shall automatically terminate in the event of death of the all Insured Person(s). A refund in accordance with the table in Section 6.1.2 shall be payable provided that no claim has been admitted or lodged or not benefit has been availed by the insured person under the policy.

6.2.2. **Additional premium (Risk Loading)**

- i. We may ask for additional premium after due risk evaluation (it's what referred to as Underwriting) based on all information provided by you. We will issue policy to you only

- after you pay us the additional premium and provide us consent.
- ii. We will never ask for more than 100% for any particular health condition and never more than 150% for any individual.
 - iii. Once applied, Risk loading continues even for all renewals. However, we offer discounts up to 30% under LiveHealthy+ for maintenance and improvement in health

6.2.3. Other Renewal Conditions:

- a. **Renewal Premium:**
Renewal premium will alter based on Age. For Floater plan, the age of eldest insured person will be considered for calculating the premium.
- b. **Addition of Insured Persons on Renewal:**
If a new member is added in the Policy, either by way of endorsement or at the time of Renewal, the Pre-existing Disease clause, exclusions, loading (if any) and Waiting Periods will be applicable afresh for that member.
- c. **Changes to Sum Insured on Renewal:**
You may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting. All Waiting Periods as defined in the Policy shall apply afresh for this enhanced limit from the effective date of such enhancement.

6.2.4. Claims

- a. Cashless claim facility is available at our network hospitals ONLY. As list of network hospitals is dynamic, for the latest list, refer to our website www.nivabupa.com.
 - b. Documents required with claim form:
Hospital / Medical records:
 - Original Discharge summary with first and subsequent consultation papers.
 - Original Final Hospital bill with detailed break-up and payment receipt (including pharmacy bills).
 - Laboratory investigation reports with supporting prescriptions.
 - MLC/First Information Report (FIR) (in accident cases).
 Policyholder documents (Nominee in case of death of Policyholder):
 - KYC documents
 - Cancelled cheque
- IMPORTANT:**
- All documents **MUST** be submitted within 30 days from discharge.
 - For any delay in submission, You **MUST** provide the reasons in writing. We will condone such delay on merits (i.e. reasons beyond your control).
 - You **MUST** submit all claim related documents for expenses within the Deductible amount (if applicable).
 - We reserve the right to check and investigate the hospital / medical records from any doctor, Hospital, clinic, individual or institution.
- c. The expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment are placed as Annexure I.
 - d. If you opt for a Hospital room which is higher than the eligible room category as specified in your Policy Schedule, then We will pay only a pro-rated portion of the total Associated Medical Expenses (including surcharge or taxes thereon) as per the following formula:

(Eligible Room Rent limit / Room Rent actually incurred) * total Associated Medical Expenses

Associated Medical Expenses shall include Room Rent, nursing charges, Medical Practitioners' fees and operation theatre charges.

- e. For any hospitalization, we will pay for items included in the bill by the Hospital during the duration of hospitalization. Items not included in the bill will not be paid.

6.2.5. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

6.2.6. Territorial Jurisdiction

All claims shall be payable in India in Indian Rupees only.

6.2.7. Alteration to the Policy

This Policy constitutes the complete contract of insurance. Any change in the Policy will only be evidenced by a written endorsement signed and stamped by Us. No one except Us can within the permission of the IRDAI change or vary this Policy.

6.2.8. Zonal pricing

For the purpose of calculating premium, the country has been divided into the following 2 zones:

- i. Zone 1: Delhi NCR, Mumbai (including Navi Mumbai and Thane), Kolkata and Gujarat State. Delhi NCR includes Delhi, Baghpat, Bulandshahr, Gautam Buddh Nagar, Ghaziabad, Hapur, Meerut, Muzaffarnagar, Shamli, Charkhi Dadri, Faridabad, Gurugram, Jhajjar, Jind, Karnal, Mahendragarh, Nuh, Palwal, Panipat, Rewari, Rohtak and Sonipat
- ii. Zone 2: Rest of India

Your premium depends upon your residential city. Please inform us immediately in case of change in your city.

6.2.9. Assignment

The Policy can be assigned subject to applicable laws.

Niva Bupa Health Insurance Company Limited
Registered office:- C-98, First Floor, Lajpat Nagar, Part 1, New Delhi-110024

Disclaimer: Insurance is a subject matter of solicitation. Niva Bupa Health Insurance Company Limited (formerly known as Max Bupa Health Insurance Company Limited) (IRDAI Registration No. 145). 'Bupa' and 'HEARTBEAT' logo are registered trademarks of their respective owners and are being used by Niva Bupa Health Insurance Company Limited under license. Customer Helpline: 1860-500-8888, Fax No.: +91 11 41743397. Website: www.nivabupa.com. CIN: U66000DL2008PLC182918. For more details on terms and conditions, exclusions, risk factors, waiting period & benefits, please read sales brochure carefully before concluding a sale.

Annexure I - The expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment

List I – Expenses not covered

| Sl. No. | Item | Sl. No. | Item | Sl. No. | Item |
|---------|---|---------|--|---------|--|
| 1 | BABY FOOD | 24 | ATTENDANT CHARGES | 47 | LUMBO SACRAL BELT |
| 2 | BABY UTILITIES CHARGES | 25 | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | 48 | NIMBUS BED OR WATER OR AIR BED CHARGES |
| 3 | BEAUTY SERVICES | 26 | BIRTH CERTIFICATE | 49 | AMBULANCE COLLAR |
| 4 | BELTS/ BRACES | 27 | CERTIFICATE CHARGES | 50 | AMBULANCE EQUIPMENT |
| 5 | BUDS | 28 | COURIER CHARGES | 51 | ABDOMINAL BINDER |
| 6 | COLD PACK/HOT PACK | 29 | CONVEYANCE CHARGES | 52 | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES |
| 7 | CARRY BAGS | 30 | MEDICAL CERTIFICATE | 53 | SUGAR FREE Tablets |
| 8 | EMAIL / INTERNET CHARGES | 31 | MEDICAL RECORDS | 54 | CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) |
| 9 | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL) | 32 | PHOTOCOPIES CHARGES | 55 | ECG ELECTRODES |
| 10 | LEGGINGS | 33 | MORTUARY CHARGES | 56 | GLOVES |
| 11 | LAUNDRY CHARGES | 34 | WALKING AIDS CHARGES | 57 | NEBULISATION KIT |
| 12 | MINERAL WATER | 35 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) | 58 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] |
| 13 | SANITARY PAD | 36 | SPACER | 59 | KIDNEY TRAY |
| 14 | TELEPHONE CHARGES | 37 | SPIROMETRE | 60 | MASK |
| 15 | GUEST SERVICES | 38 | NEBULIZER KIT | 61 | OUNCE GLASS |
| 16 | CREPE BANDAGE | 39 | STEAM INHALER | 62 | OXYGEN MASK |
| 17 | DIAPER OF ANY TYPE | 40 | ARMSLING | 63 | PELVIC TRACTION BELT |
| 18 | EYELET COLLAR | 41 | THERMOMETER | 64 | PAN CAN |
| 19 | SLINGS | 42 | CERVICAL COLLAR | 65 | TROLLY COVER |
| 20 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES | 43 | SPLINT | 66 | UROMETER, URINE JUG |
| 21 | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED | 44 | DIABETIC FOOT WEAR | 67 | AMBULANCE |
| 22 | TELEVISION CHARGES | 45 | KNEE BRACES (LONG/ SHORT/ HINGED) | 68 | VASOFIX SAFETY |
| 23 | SURCHARGES | 46 | KNEE IMMOBILIZER/ SHOULDER IMMOBILIZER | | |

List II – Items that are to be subsumed into Room Charges

| Sl. No. | Item | Sl. No. | Item | Sl. No. | Item |
|---------|--|---------|-------------------------|---------|---|
| 1 | BABY CHARGES (UNLESS SPECIFIED/ INDICATED) | 14 | BED PAN | 27 | ADMISSION KIT |
| 2 | HAND WASH | 15 | FACE MASK | 28 | DIABETIC CHART CHARGES |
| 3 | SHOE COVER | 16 | FLEXI MASK | 29 | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES |
| 4 | CAPS | 17 | HAND HOLDER | 30 | DISCHARGE PROCEDURE CHARGES |
| 5 | CRADLE CHARGES | 18 | SPUTUM CUP | 31 | DAILY CHART CHARGES |
| 6 | COMB | 19 | DISINFECTANT LOTIONS | 32 | ENTRANCE PASS / VISITORS PASS CHARGES |
| 7 | EAU-DE-COLOGNE / ROOM FRESHNERS | 20 | LUXURY TAX | 33 | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE |
| 8 | FOOT COVER | 21 | HVAC | 34 | FILE OPENING CHARGES |
| 9 | GOWN | 22 | HOUSE KEEPING CHARGES | 35 | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) |
| 10 | SLIPPERS | 23 | AIR CONDITIONER CHARGES | 36 | PATIENT IDENTIFICATION BAND / NAME TAG |
| 11 | TISSUE PAPER | 24 | IM IV INJECTION CHARGES | 37 | PULSEOXYMETER CHARGES |
| 12 | TOOTH PASTE | 25 | CLEAN SHEET | | |
| 13 | TOOTH BRUSH | 26 | BLANKET/WARMER BLANKET | | |

List III – Items that are to be subsumed into Procedure Charges

| Sl. No. | Item | Sl. No. | Item | Sl. No. | Item |
|---------|--|---------|--|---------|----------------------------|
| 1 | HAIR REMOVAL CREAM | 9 | WARD AND THEATRE BOOKING CHARGES | 17 | BOYLES APPARATUS CHARGES |
| 2 | DISPOSABLES RAZORS CHARGES (for site preparations) | 10 | ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS | 18 | COTTON |
| 3 | EYE PAD | 11 | MICROSCOPE COVER | 19 | COTTON BANDAGE |
| 4 | EYE SHEILD | 12 | SURGICAL BLADES, HARMONICSCALPEL, SHAVER | 20 | SURGICAL TAPE |
| 5 | CAMERA COVER | 13 | SURGICAL DRILL | 21 | APRON |
| 6 | DVD, CD CHARGES | 14 | EYE KIT | 22 | TORNIQUET |
| 7 | GAUSE SOFT | 15 | EYE DRAPE | 23 | ORTHOBUNDLE, GYNAEC BUNDLE |
| 8 | GAUZE | 16 | X-RAY FILM | | |

List IV – Items that are to be subsumed into costs of treatment

| Sl. No. | Item | Sl. No. | Item | Sl. No. | Item |
|---------|--|---------|--|---------|---------------------------|
| 1 | ADMISSION/REGISTRATION CHARGES | 7 | INFUSION PUMP- COST | 13 | MOUTH PAINT |
| 2 | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE | 8 | HYDROGEN PEROXIDE\ SPIRIT\ DISINFECTANTS ETC | 14 | VACCINATION CHARGES |
| 3 | URINE CONTAINER | 9 | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES | 15 | ALCOHOL SWABES |
| 4 | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES | 10 | HIV KIT | 16 | SCRUB SOLUTION/STERILLIUM |
| 5 | BIPAP MACHINE | 11 | ANTISEPTIC MOUTHWASH | 17 | GLUCOMETER & STRIPS |
| 6 | CPAP/ CAPD EQUIPMENTS | 12 | LOZENGES | 18 | URINE BAG |

Annexure II - List of Insurance Ombudsmen

| Office Details | Jurisdiction |
|--|---|
| AHMEDABAD Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in | Gujarat, Dadra & Nagar Haveli, Daman and Diu |
| BENGALURU Mr Vipin Anand Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in | Karnataka |
| BHOPAL Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in | Madhya Pradesh, Chhattisgarh |
| BHUBANESWAR Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in | Odisha |
| CHANDIGARH Mr Atul Jerath Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in | Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh |
| CHENNAI Shri Segar Sampathkumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in | Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry) |

| Office Details | Jurisdiction |
|---|--|
| DELHI Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in | Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh |
| GUWAHATI Shri Somnath Ghosh Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in | Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura |
| HYDERABAD Shri N. Sankaran Office of the Insurance Ombudsman, 6-2-46, 1st floor, “Moin Court”, Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in | Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry |
| JAIPUR Shri Rajiv Dutt Sharma Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in | Rajasthan |
| ERNAKULAM Shri G. Radhakrishnan Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in | Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry |
| KOLKATA Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in | West Bengal, Sikkim, Andaman & Nicobar Islands |

| Office Details | Jurisdiction |
|---|---|
| LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in | Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar |
| MUMBAI Shri Bharatkumar S. Pandya Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in | Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane) |
| NOIDA Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in | State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur |
| PATNA Shri N. K. Singh Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in | Bihar, Jharkhand |
| PUNE Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in | Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region) |

Council for Insurance Ombudsmen

3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054
Tel.: 022 -69038800/69038812| Email: inscoun@cioins.co.in

ReAssure 2.0 Proposal Form

URN: 023

Insurance contract is a legal contract too and it's based on TRUST and We TRUST You.

We understand you may not know how relevant is the information on your health and its impact on your policy. Hence, it is very important that you disclose all health information and we would decide how relevant it is (we call it 'material fact').

We would cancel your policy, will not pay any claim, will not refund any premium paid and have right to take all possible legal action against you including for recovery of benefits paid earlier, if correct and complete information is not provided about all members proposed to be insured.

Regulations mandate that the coverage can start only after we have received the full premium and have explicitly accepted the risk.

1. Proposer Details:

| | | | | | |
|--------------------|---|--|---------------------------|---------------------------|---------------|
| Title | <u>Mrs.</u> | Name | <u>KINJAL HARDIK SHAH</u> | | |
| DOB | <u>05/11/1982</u> | Gender | <u>Female</u> | Nationality | <u>Indian</u> |
| Current Address | <u>43 JAGANNATH PARK nr malav talav</u> | | | | |
| Landmark | <u>JIVRAJ PARK</u> | City | <u>Ahmedabad</u> | | |
| District | <u>Ahmedabad</u> | State | <u>Gujarat</u> | Pin Code | <u>380051</u> |
| Landline Number | | | Mobile No. | <u>9825038115</u> | |
| Alternate Number | | | Email ID | <u>hkshah43@gmail.com</u> | |
| PAN Number | <u>BEQPS9944L</u> | (Mandatory for premium above Rupees 50,000 in cash and Rupees 1 lac through other modes) | | | |
| Annual income (Rs) | | | CKYC Number | <u>10084674859299</u> | |
| Occupation: | | | Other, please specify | | |
| Premium paid by | <u>self</u> | Relationship with Proposer | <u>self</u> | | |

YES I would like to protect the environment and help save paper by authorizing the Company to send all your Policy and service related communication to the email ID as mentioned here in the application form?

Yes I have read, understood and accepted all Terms and Condition & hereby authorize Niva Bupa Health Insurance or any of its Agents and/or third party(ies)/ affiliates to contact me via SMS/Email/Phone/WhatsApp/Facebook or any other modes on my registered phone number over-riding my 'DND' registration to make welcome calls/SMS, Service calls/SMS or any other commercial Communication

Are you or any of the proposed applicants a PEP#? No

#Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions i.e. Heads/ministers of central or state government, senior politicians, senior government, judicial or military officials, senior executives of government companies, important party officials. (If you have ticked against PEP, kindly fill the separate PEP questionnaire)

Rural and Social Sector Category (if applicable): No

Bank Details:

| | | | |
|----------------|--|--------------|--|
| Bank Name | | Account Type | |
| Branch | | City | |
| Account Number | | IFSC Code | |

Details of Electronic Insurance Account (eIA)

Do you wish to have this Policy credited to an e-Insurance account ? (Please select any one)

No I do not have an e-insurance account and do not wish to open one

If Yes, Please share existing e-Insurance Account No.

Please select Insurance Repository Name (you have opened your account with)

Or

I do not have existing e-Insurance account and I am interested in creating a new e-Insurance account (Please submit electronic insurance account opening form (eIA form) along with relevant documents).

Renewal payment sign-up:

Payment of renewal premium of your health insurance Policy can be made every year through continuing your existing Automated clearing House (ACH) / Standing instructions (SI) with the Company. Under this option, your Policy can be renewed promptly, but subject to you completing all additional requirements of information and documentation as may be required by the Company.

If you have opted for the ACH/SI renewal option and policy is renewed using the same, a discount of 2.5% will be applicable on the renewal premium.

2. Details of applicants for insurance:

| | | | | | | |
|-------------|---|--------------------|---------------|-----------------|---------------------------|---------|
| Applicant 1 | Name | KINJAL HARDIK SHAH | | | | |
| | Gender | Female | Height | 5 (ft) 6 (inch) | Weight | 55 (kg) |
| | Mobile number | 9825038115 | Date of Birth | 05/11/1982 | Please tick if not Indian | Indian |
| | Relationship to Proposer | Self | | | | |
| | If a registered Medical Practitioner*, please provide: i. Medical Registration Number | | | | | |
| | ii. Council Name | | | | | |
| | iii. Address of workplace | | | | | |

| | | | | | | |
|-------------|---|--------------------|---------------|-----------------|---------------------------|---------|
| Applicant 2 | Name | HARDIK KISHOR SHAH | | | | |
| | Gender | Male | Height | 5 (ft) 8 (inch) | Weight | 80 (kg) |
| | Mobile number | 9725002277 | Date of Birth | 03/10/1980 | Please tick if not Indian | Indian |
| | Relationship to Proposer | Spouse | | | | |
| | If a registered Medical Practitioner*, please provide: i. Medical Registration Number | | | | | |
| | ii. Council Name | | | | | |
| | iii. Address of workplace | | | | | |

| | | | | | | |
|-------------|---|-------------------|---------------|-----------------|---------------------------|---------|
| Applicant 3 | Name | SHAH JIMIT HARDIK | | | | |
| | Gender | Male | Height | 5 (ft) 7 (inch) | Weight | 56 (kg) |
| | Mobile number | 9725002277 | Date of Birth | 12/09/2008 | Please tick if not Indian | Indian |
| | Relationship to Proposer | Son | | | | |
| | If a registered Medical Practitioner*, please provide: i. Medical Registration Number | | | | | |
| | ii. Council Name | | | | | |
| | iii. Address of workplace | | | | | |

**Avail a discount of 5% on the premium. Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence.*

Note: If the relationship of Applicant1 with Proposer is employee; then the relationship with other Applicants are with Applicant1.

3. Coverage selection

Base Coverage

| | |
|--------------------------------|---------------------|
| Policy type#: | Family floater |
| Number of lives to be covered: | 2 Adults 1 Children |
| Variant: | bronze+ |
| Base Sum Insured: | 10,00,000 |
| Policy term: | 2 Years |

Optional Coverage:

| | | | | | | |
|---|----------------------------------|----|----|---|---|---|
| 1. Hospital Cash ^s : | No | | | | | |
| 2. Safeguard | No | | | | | |
| 3. Safeguard+ | No | | | | | |
| 4. Smart Health+ (Disease management) *All affected members to choose one variant gold or platinum. | No | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| | No | No | No | | | |
| 5. Smart Health+ (Acute Care) *any one of the two can be opted | No | | | | | |
| | Best Care Sum Insured Options: 0 | | | | | |
| 6. Please tick if opting for 'Personal Accident cover' (This option is available only to Applicants of age 18 years or above) | Applicant Number | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| | No | No | No | | | |
| 7. Pre-Existing Disease Waiting Time Modification | 4 Year | | | | | |

**Family Floater sum insured is common for all insured members. Floater means individually or collectively all insureds can claim to this limit
sEither Safeguard or Safeguard+ can be opted*

4. Portability

| Policy No | Insurance company | Risk start date | Risk end date | Reasons for porting |
|-----------|-------------------|-----------------|---------------|---------------------|
| | | | | |
| | | | | |
| | | | | |

| Name of proposed insured for whom portability is requested | First policy start date | No of years of continuous coverage for which portability is requested | Claims in past policies | Current No claim Bonus | Sum insured - Year 1 (Oldest) | Sum insured - Year 2 | Sum insured - Year 3 | Sum insured - Year 4 (Expiring policy) |
|--|-------------------------|---|-------------------------|------------------------|-------------------------------|----------------------|----------------------|--|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

5. Nomination

In the event of the death of the Proposer, any payment due under the Policy shall become payable to the Nominee named below. The receipt of the such payment by the Nominee would constitute discharge of the Company's liability under the Policy.

| Nominee Name | Date of Birth | Relationship with the Proposer | Address and contact details of Nominee | Appointee Name (if nominee is less than 18 year of age) |
|--------------------|---------------|--------------------------------|---|---|
| HARDIK KISHOR SHAH | 03/10/1980 | Spouse | 43 JAGANNATH PARK nr malav; talav; Ahmedabad; Gujarat;380051 9725002277 | |

6. Medical,habits and past proposal information

IMPORTANT: Please ensure that all the questions in this section are answered truthfully and completely as the information you provide here will form basis of underwriting by Niva Bupa. Please note any incomplete, incorrect, partially correct information may affect your medical claim and/or coverage.

| SECTION A: Please share information on medical conditions | | | | | | |
|---|--|--|------------------|----|----|---|
| Please answer the following questions for each applicant. Please circle Yes (Y) or No (N) | | | Applicant Number | | | |
| | | | 1 | 2 | 3 | 4 |
| i. Other than common cold, flu, infections, minor injury or other minor ailments; has the Applicant ever been diagnosed with any disease and / or hospitalized for more than 5 days and / or undergone / advised to undergo any surgical procedures and / or taken any medication/had any symptoms for more than 14 days? Medication is including but not limited to inhalers,injections, oral drugs and external medical applications on body parts. | | | No | No | No | |
| ii. Has the Applicant ever had adverse findings to any diagnostic tests or investigations related to Thyroid Profile, Lipid Profile, Treadmill test, Angiography, Echocardiography, Endoscopy,Ultrasound, CT Scan, MRI, Biopsy and FNAC? | | | No | No | No | |
| iii. Does the Applicant have diabetes or pre-diabetes or has he/she EVER had high blood sugar? | | | No | No | No | |
| iv Does the Applicant have Hypertension or High Blood Pressure? | | | No | No | No | |
| v. Has the Applicant ever been diagnosed or treated for any genetic / hereditary disorders or HIV/ AIDS? | | | No | No | No | |
| vi. Has the Applicant ever been diagnosed or treated for any mental/ psychiatric disorders? | | | No | No | No | |
| vii. Has any proposal for life, health, hospital daily cash or critical illness insurance on the life of the Applicant ever been declined, postponed, loaded or subjected to any special conditions such as exclusions by any insurance company? | | | No | No | No | |

| SECTION B: (Please fill this section only if the applicant smokes or consumes tobacco / gutkha / pan masala or alcohol) | Applicant Number | | | | | |
|---|------------------|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| i. Chewable tobacco / Gutkha / Pan Masala - please specify number of pouches per day | 0 | 0 | 0 | | | |
| ii. Alcohol - please specify ml per week and / or Daily Drinker | 0 | 0 | 0 | | | |
| iii. Cigarettes / Bidi / Cigar - please specify consumption per day | 0 | 0 | 0 | | | |

SECTION C: For questions marked Yes (Y) in Section A, please specify following information:

| Applicant Name | Details of symptom(s) or investigation(s) or diagnosis or procedure / surgery undergone | | | | Medication (s) | Dosage | Current status (e.g. Complete / partial recovery or ongoing treatment) | Treating doctor's name & contact details | Documents attached (Yes / No) | |
|----------------|---|---------------------------------|-----------|-------------------|----------------|--------|--|--|-------------------------------|-------------------------|
| | If Diabetes HbA1c Level | If High blood pressure BP Level | | Any Other Details | | | | | | Onset date (DD/MM/YYYY) |
| | | Systolic | Diastolic | | | | | | | |

| | | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|----|
| KINJAL HARDIK SHAH | | | | | | | | | | No |
| HARDIK KISHOR SHAH | | | | | | | | | | No |
| SHAH JIMIT HARDIK | | | | | | | | | | No |

Medical Declarations

Application No - 821102263112

Member No - 9906315223

Member Name - SHAH JIMIT HARDIK

Question: First Name

Answer: SHAH JIMIT HARDIK

Question: Did this member ever had or currently has: 1) Heart disease like Heart attack, Heart failure, Ischemic heart disease or Coronary heart disease, Angina etc 2) Tumor, Cancer of any organ, Leukemia, Lymphoma, Sarcoma 3) Major organ failure (Kidney, Liver, Heart, Lungs etc) 4) Stroke, Encephalopathy, Brain abscess, or any neurological disease 5) Pulmonary fibrosis or Interstitial lung disease (ILD) 6) Hepatitis B or C, Chronic liver disease, Crohn's disease, Ulcerative colitis 7) Any anaemia other than iron deficiency anaemia

Answer: no

Question: Other than common cold, flu, infections, minor injury or other minor ailments: has this member ever been diagnosed with any disease or hospitalized for more than 5 days or undergone or advised to undergo any surgical procedures or taken any medication or had any symptoms for more than 14 days (Medication is but not limited to inhalers, injections, oral drugs and external medical applications on body parts).

Answer: no

Question: Has this member ever had adverse findings to any diagnostic test or investigation related to Thyroid Profile, Lipid Profile, Treadmill test, Angiography, Echocardiography, Endoscopy, Ultrasound, CT Scan, MRI, Biopsy and FNAC? (Adverse)

Answer: no

Question: a) Does the member you or member's parents have any hereditary or genetic condition? Please mention even if any of them was in carrier state ie did not have the disease but was a carrier b) Color Blindness, Hemophilia, Birth defects, Rheumatoid Arthritis, Lupus, Muscular dystrophy etc

Answer: no

Question: HIV / AIDS, anaemia, thalassemia, haemophilia or any other blood related problem.

Answer: no

Question: Has any proposal for life, health, hospital daily cash or critical illness insurance on the life of the Applicant ever been declined, postponed, loaded or subjected to any special conditions such as exclusions by any insurance company?

Answer: no

Question: Does the member consume Tobacco in any form like cigarettes, gutkha etc?

Answer: ['no']

Question: Does the member consume Alcohol

Answer: no

Question: Does the member have any other condition that you would like to declare? Please select no if you are completely healthy and have no other declarations(Other Declaration)

Answer: no

Member No - 9906315221

Member Name - KINJAL HARDIK SHAH

Question: First Name

Answer: KINJAL HARDIK SHAH

Question: Did this member ever had or currently has: 1) Heart disease like Heart attack, Heart failure, Ischemic heart disease or Coronary heart disease, Angina etc 2) Tumor, Cancer of any organ, Leukemia, Lymphoma, Sarcoma 3) Major organ failure (Kidney, Liver, Heart, Lungs etc) 4) Stroke, Encephalopathy, Brain abscess, or any neurological disease 5) Pulmonary fibrosis or Interstitial lung disease (ILD) 6) Hepatitis B or C, Chronic liver disease, Crohn's disease, Ulcerative colitis 7) Any anaemia other than iron deficiency anaemia

Answer: no

Question: Other than common cold, flu, infections, minor injury or other minor ailments: has this member ever been diagnosed with any disease or hospitalized for more than 5 days or undergone or advised to undergo any surgical procedures or taken any medication or had any symptoms for more than 14 days (Medication is but not limited to inhalers, injections, oral drugs and external medical applications on body parts).

Answer: no

Question: Has this member ever had adverse findings to any diagnostic test or investigation related to Thyroid Profile, Lipid Profile, Treadmill test, Angiography, Echocardiography, Endoscopy, Ultrasound, CT Scan, MRI, Biopsy and FNAC? (Adverse)

Answer: no

Question: a) Does the member you or member's parents have any hereditary or genetic condition? Please mention even if any of them was in carrier state ie did not have the disease but was a carrier b) Color Blindness, Hemophilia, Birth defects, Rheumatoid Arthritis, Lupus, Muscular dystrophy etc

Answer: no

Question: HIV / AIDS, anaemia, thalassemia, haemophilia or any other blood related problem.

Answer: no

Question: Has any proposal for life, health, hospital daily cash or critical illness insurance on the life of the Applicant ever been declined, postponed, loaded or subjected to any special conditions such as exclusions by any insurance company?

Answer: no

Question: Does the member consume Tobacco in any form like cigarettes, gutkha etc?

Answer: ['no']

Question: Does the member consume Alcohol

Answer: no

Question: Does the member have any other condition that you would like to declare? Please select no if you are completely healthy and have no other declarations(Other Declaration)

Answer: no

Member No - 9906315222

Member Name - HARDIK KISHOR SHAH

Question: First Name

Answer: HARDIK KISHOR SHAH

Question: Did this member ever had or currently has: 1) Heart disease like Heart attack, Heart failure, Ischemic heart disease or Coronary heart disease, Angina etc 2) Tumor, Cancer of any organ, Leukemia, Lymphoma, Sarcoma 3) Major organ failure (Kidney, Liver, Heart, Lungs etc) 4) Stroke, Encephalopathy, Brain abscess, or any neurological disease 5) Pulmonary fibrosis or Interstitial lung disease (ILD) 6) Hepatitis B or C, Chronic liver disease, Crohn's disease, Ulcerative colitis 7) Any anaemia other than iron deficiency anaemia

Answer: no

Question: Other than common cold, flu, infections, minor injury or other minor ailments: has this member ever been diagnosed with any disease or hospitalized for more than 5 days or undergone or advised to undergo any surgical procedures or taken any medication or had any symptoms for more than 14 days (Medication is but not limited to inhalers, injections, oral drugs and external medical applications on body parts).

Answer: no

Question: Has this member ever had adverse findings to any diagnostic test or investigation related to Thyroid Profile, Lipid Profile, Treadmill test, Angiography, Echocardiography, Endoscopy, Ultrasound, CT Scan, MRI, Biopsy and FNAC? (Adverse)

Answer: no

Question: a) Does the member you or member's parents have any hereditary or genetic condition? Please mention even if any of them was in carrier state ie did not have the disease but was a carrier b) Color Blindness, Hemophilia, Birth defects, Rheumatoid Arthritis, Lupus, Muscular dystrophy etc

Answer: no

Question: HIV / AIDS, anaemia, thalassemia, haemophilia or any other blood related problem.

Answer: no

Question: Has any proposal for life, health, hospital daily cash or critical illness insurance on the life of the Applicant ever been declined, postponed, loaded or subjected to any special conditions such as exclusions by any insurance company?

Answer: no

Question: Does the member consume Tobacco in any form like cigarettes, gutkha etc?


Answer: ['no']

Question: Does the member consume Alcohol

Answer: no

Question: Does the member have any other condition that you would like to declare? Please select no if you are completely healthy and have no other declarations(Other Declaration)

Answer: no



Customer ID: 2002668794

| Member No. | Name | Age | Valid From |
|------------|--------------------|-----|------------|
| 16016597 | Kinjal Hardik Shah | 40 | 29/04/2023 |
| 16016598 | Hardik Kishor Shah | 42 | 29/04/2023 |
| 16016599 | Shah Jimit Hardik | 14 | 29/04/2023 |