

Family Health Insurance Policy Document

Policy Number: HSPL/2023/456789

Issued On: 1st October 2023 | Valid Until: 30th September 2024

Policyholder Details

- Name:** Ramesh Patil
- Age:** 50 | **Gender:** Male
- Address:** Bowbazar, Kolkata, West Bengal, India
- Policy Type:** Family Floater (Floater Sum Insured: ₹7.5 Lakhs)

Insured Members

- Self:** Ramesh Patil (50, Male)
- Spouse:** Roma Patil (40, Female)
- Son:** Ajay Patil (3, Male)

Coverage Details

- In-Patient Hospitalization:**
 - Room rent: Up to 1.5% of sum insured per day (₹11,250/day max).
 - ICU charges, surgery, doctor fees, diagnostics, medicines, and hospital bills covered.
- Pre-Hospitalization:** Expenses 30 days prior to hospitalization.
- Post-Hospitalization:** Expenses 60 days after discharge.
- Daycare Procedures:** 300+ covered treatments (e.g., chemotherapy, dialysis).
- Ambulance Cover:** ₹2,000 per emergency.
- Annual Health Check-Up:** ₹2,000 per member, post 6 months of policy continuity.

Exclusions

- Pre-existing diseases (covered after 48 months of continuous renewal).
- Cosmetic treatments, dental care (unless accidental), infertility/IVF treatments.
- HIV/AIDS, congenital diseases, substance abuse treatments.
- Injuries from adventure sports (e.g., skydiving, racing).
- Maternity/newborn care (excluded as per policy terms).

Claims Process

1. Cashless Treatment:

- Notify insurer 48 hrs prior (emergency: 24 hrs post-admission).
- Network hospitals: AMRI Kolkata, Fortis Kolkata, etc. (full list on www.healthshieldindia.in).

2. Reimbursement:

- Submit documents within 30 days of discharge:
 - Duly filled claim form.
 - Original bills, prescriptions, discharge summary, and KYC.

Key Terms & Conditions

- **Waiting Periods:**
 - **Initial 30 days:** Illnesses not covered (accidents exempt).
 - **Specific Surgeries:** 24 months (e.g., hernia, cataracts).
- **Renewal:** Auto-renewable lifelong, subject to terms.
- **Grace Period:** 15 days for premium payment; policy lapses if unpaid.
- **Co-payment:** Nil (unless treated in non-network hospitals above ₹5 lakhs).
- **Portability:** Allowed as per IRDAI guidelines.

Contact & Support

HealthShield Insurance Co. Ltd.

- **Corporate Office:** 12, Camac Street, Kolkata, WB - 700017
- **Toll-Free:** 1800-123-4567 | **Email:** support@healthshieldindia.in
- **Grievance Officer:** Mr. S. Das | grievances@healthshieldindia.in
- **IRDAI Registration:** IRDAI/INS/456-2023

Declaration

I, Ramesh Patil, confirm that all details are accurate. I understand the policy terms and exclusions.

Signature of Policyholder: _____

Signature of Insurer: [HealthShield Official Stamp]

Date: 1st October 2023 | **Place:** Kolkata

Note:

- Premium paid (₹12,500 annually) qualifies for tax benefits under Section 80D.
- Policy document must be retained for future reference.

This is a computer-generated document. No signature required.