

Date : 18 May 2022

**Mr Rameshwar Murlidhar Rathi**  
**Plot No 18**  
**Parekh Colony Selu**  
**Sailu 431503**  
**Maharashtra**  
**Policy No. : 42296910**  
**Mobile No. : XXXXXX8911**



Dear Mr Rameshwar Murlidhar Rathi,

Welcome to a world where what matters, above all, is your Health...Hamesha!

Welcome to a philosophy that adheres to the tested and somewhat traditional adage that caring yields the best cure; from a company that is driven by its commitment to provide you with the very best healthcare, as much as its determination to delight and surprise you, at every given opportunity.

We welcome you to Care Health Insurance.

We at Care Health Insurance are unerringly focused on providing you access to the highest quality of healthcare and putting you back on the road to a worry-free recuperation, without a care about medical bills and other related expenses.

To help you understand our services better, please go through the 'Know your policy better' kit that accompanies this letter and constitutes the following:

- Policy Certificate
- Premium Acknowledgement
- Key Policy Information
- Policy Terms and Conditions
- Policy Terms and Conditions- <https://bit.ly/3qals5e> and also available on Customer App

Also enclosed for your convenience is your Care Health Card(s). This card should be presented at the time of an emergency or a planned hospitalization, to access cashless treatment at our network of over 4,500+ hospitals pan-India.

To further simplify procedures, we're online as well. Visit our portal [www.careinsurance.com](http://www.careinsurance.com); and view network hospitals across the country, cashless procedures and do much more. In case of a query at any juncture, feel free to mail us at [customerfirst@careinsurance.com](mailto:customerfirst@careinsurance.com) or call us at 1800-102-4488.

Once again, we thank you for this opportunity to serve you, and wish you and your loved ones good health always!

Team Care Health Insurance

CUSTOMER APP



For Android



For iOS

 [www.careinsurance.com](http://www.careinsurance.com)

**Care Health Insurance Limited**

(Formerly known as Religare Health Insurance Company Limited)

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019

Corp. Office: Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurugram -122001 (Haryana)



EMERGING ASIA  
INSURANCE AWARDS

ISO 22301:2012

IRDA Regn. No. 148

CIN: U66000DL2007PLC161503

## Policy Certificate

Mr Rameshwar Murlidhar Rathi  
Plot No 18  
Parekh Colony Selu  
Sailu 431503  
Maharashtra 27

Policy No.	42296910
Plan Name	CARE CLASSIC
Cover type	Floater
Policy Period - Start Date	00:00 hrs 30-May-2022
Policy Period - End Date	Midnight 29-May-2023
Nominee Name	Ms Kiran Rathi
Nominee Relationship	(Wife)
Premium Paid	Rs. 22212 (Premium Rs 18823.41 + CGST Rs 1694.1 + IGST Rs 0 + SGST Rs 1694.1 + UGST Rs 0)
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Client ID
Rameshwar Murlidhar Rathi	Male	11-May-1975	39122667

### Details of Insured

Name	Client ID	Relationship	Date of Birth (DD-MM-YYYY)	Pre-existing diseases (since)	Insured with the Company (since)
Rameshwar Murlidhar Rathi	39122667	Member	11-May-1975	None	30-May-2022
Abhishekh	39210291	Son	27-May-2005	None	30-May-2022
Kiran R	39210292	Spouse	05-Jun-1979	None	30-May-2022
Akshad R	39210293	Son	12-Jun-2001	None	30-May-2022

### Details of Cover

S No.	Particulars	Details
1	Sum Insured	Rs. 5,00,000

### Contact details for Claims & Policy Servicing

Correspondence address	Care Health Insurance Limited (Formerly known as Religare Health Insurance Company Limited) Unit no 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector 39, Gurgaon - 122001.(HARYANA)
Contact no.	1800-102-4488
E-mail ID for Claims	claims@careinsurance.com
E-mail ID for Policy servicing	customerfirst@careinsurance.com
Website	www.careinsurance.com

### Intermediary Details

Name	Code	Contact Number
Care Health Insurance Ltd.	Direct	1800-102-6655

## Schedule of Benefits

S No.	Particulars	Basis of Offering
1	In-Patient Care	Up to SI
2	Pre-Hospitalization Medical Expenses	60 Days
3	Post Hospital Medical Expenses	90 Days
4	Ambulance Cover	Up to Rs 1,000 per year
5	Domiciliary Hospitalization	Up to SI including AYUSH
6	Unlimited Automatic Recharge	Available for unlimited times for unrelated or same illness.
7	No Claims Bonus	25% increase/decrease of SI on renewal based on claim in previous year, Max increase up to 150% of SI.
8	Day Care Treatment	All day care procedures
9	Room Rent	Single Private A/C Room.
10	ICU Charges	No limit
11	Treatment of Cataract	Up to 40,000 per eye, Max 60,000 per policy period
12	Initial Wait Period	30 Days
13	Named Ailment	24 months
14	Pre-Existing Diseases	48 months
15	Advance Technology Methods	Covered with sub limits, please refer T & C for sub limits.
16	AYUSH Treatment	Cover upto 10% of SI subject to Maximum Rs.50,000 per policy period
17	Organ Donor Expenses	Up to 10% SI
18	Medical Second Opinion	Available
19	Unlimited E-Consultation	Available for General Physician
20	Other Value Added Services	Health Portal- Doctor on chat, Healthy tips reminder,Discount Connect - Discounts on services at our network
21	Compassionate Travel	Up to Rs.5,000 per policy year

## Optional Cover

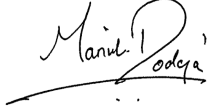
S No.	Particulars	Details
1	Annual Health Check-up	Applicable

## Portability Details of the Insured

Name	Previous Insurer	First Policy Number	Date of First Enrollment	Expiry Policy SI Rs. (Original SI+CB)
Abhishekh	Oriental Insurance Co. Ltd	I82400/48/20	24-May-2017	500000 + 0
Akshad R	Oriental Insurance Co. Ltd	I82400/48/20	24-May-2017	500000 + 0
Kiran R	Oriental Insurance Co. Ltd	I82400/48/20	24-May-2017	500000 + 0
Rameshwar Murlidhar Rathi	Oriental Insurance Co. Ltd	I82400/48/20	24-May-2017	500000 + 0

\*SI = Sum Insured, CB = Cumulative Bonus

For **Care Health Insurance Limited**  
(Formerly known as Religare Health Insurance Company Limited)



Authorized Signatory

Date of Issue : 18-May-2022

Place of Issue : Gurgaon, Haryana

Service Branch : CHIL, Aravee Gracia Building, Third Floor, Block A-05, Plot No-109, Shahnoorwadi, Dargah Road, Aurangabad, Maharashtra - 431001 Branch Contact No. : 1800-102-4488

Correspondence Address:

Care Health Insurance Limited

(Formerly known as Religare Health Insurance Company Limited)

Unit no 604 - 607, 6th Floor, Tower C, Unitech Cyber Park,

Website : [www.careinsurance.com](http://www.careinsurance.com) Email : [customerfirst@careinsurance.com](mailto:customerfirst@careinsurance.com)

Consolidated Stamp Duty paid vide E-Challan GRN no. 89495132 dated 18 April 2022, RCM Applicability- N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State GSTIN No.: 27AADCR6281NIZS IRDA Registration Number - 148 UIN : CHIHLIP22071V012122

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

**CIN** : U66000DL2007PLC161503

**Note:**

- Attached with this Policy Certificate are the Policy terms and conditions, Optional Covers (if opted) and Annexures. Please ensure that these documents have been received, read and understood. If any of these documents have not been received, please email at [customerfirst@careinsurance.com](mailto:customerfirst@careinsurance.com) or contact the Company at 1800-102-4488 / 1800-102-6655.
- For waiting periods and exclusions under this Policy, please refer to Clause 4 of the Policy terms and conditions.
- This Policy Certificate in original must be surrendered to the Company in case of cancellation of the Policy.

## Premium Acknowledgement

Policy No.	42296910
Client ID	39122667
Policyholder	Mr Rameshwar Murlidhar Rathi
Address	Plot No 18 Parekh Colony Selu Sailu 431503, Maharashtra
Policy Period	30-May-2022 to 29-May-2023

## Premium Details

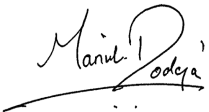
Particulars	Amount (in Rs.)	S.no.		Receipt Number		Amount		Mode of Payment	
		1	2	3	4	5	6	7	8
Gross Premium									
Care Classic	17,987.64								
-Annual Health CheckUp CClassic	835.77								
Goods & Services Tax (GST)	3,388.20								
<b>Total</b>	<b>22,212.00</b>								

The Premium is rounded off to the nearest rupee.

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

This is to certify that Care Health Insurance Ltd. (Formerly known as Religare Health Insurance Company Limited) has received an amount of Rs. 22,212.00/- from Mr Rameshwar Murlidhar Rathi towards Payment of Health insurance premium as per the details mentioned above. The premium paid for this policy is eligible for applicable tax benefits u/s 80D of the Income Tax Act, 1961 and amendments thereof.

For **Care Health Insurance Limited**  
(Formerly known as Religare Health Insurance Company Limited)



Authorized Signatory

Date of Issue: 18-May-2022

Place of Issue: Gurgaon, Haryana

IRDA Registration Number - 148

**Registered office address** : 5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019  
**CIN** : U66000DL2007PLC161503

### Note

- 1) In case of any discrepancy, the Policyholder is requested to contact the Company immediately.
- 2) Any amount paid in cash towards the premium would not qualify for tax benefits as mentioned above.
- 3) This document must be surrendered to the Company in case of Cancellation of the Policy or for the issuance of a fresh certificate in the case of any alteration in the Policy.

## Proposal Form-'CARE'

Dear Mr Rameshwar Murlidhar Rathi

In reference to your online proposal (1120035651589) for 'Care'- Comprehensive Health Insurance policy, please find below the details as provided by you:

### Proposer Details

Name : MR RAMESHWAR MURLIDHAR RATHI  
 Address : Plot No 18  
 Parekh Colony Selu  
 Sailu-431503  
 Maharashtra  
 Date of Birth : 11/05/75  
 Landline :  
 Mobile : XXXXXX8911  
 E-mail : samarthgroinds@gmail.com

### Details of the Persons be Insured

Name	Date of Birth	Relation	Pre-existing Diseases
Rameshwar murlidhar Rathi	11/05/75	MEMBER	NONE
Abhishekh	27/05/05	SON	NONE
Kiran R	05/06/79	SPOUSE	NONE
Akshad R	12/06/01	SON	NONE

### Additional Details

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

Insured 1	Insured 2	Insured 3	Insured 4
No	No	No	No

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

Insured 1	Insured 2	Insured 3	Insured 4
No	No	No	No

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

Insured 1	Insured 2	Insured 3	Insured 4
No	No	No	No

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

Insured 1	Insured 2	Insured 3	Insured 4
No	No	No	No

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

Insured 1	Insured 2	Insured 3	Insured 4
No	NA	NA	NA

## You agreed to following terms & conditions of the purchase of policy

- a. I have read and understood the brochure/prospectus/sales literature/Terms and Conditions of the Policy and confirm to abide by the same.
- b. Receipt of proposal form by the Company shall not be construed as acceptance of proposal. Commencement of risk under the Policy shall be subject to realization of full premium and individual underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal. Policy would start from the date as specified in the Policy Certificate.
- c. I understand that the Policy Period Start Date as specified in the Policy Certificate shall be from the 00:00 hours of the next day of the Proposal receipt at branch, proposed policy period start date as opted by me or cheque date, whichever is later.
- d. I understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact, in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by me or anyone acting on my behalf.
- e. I hereby declare that the lives proposed to be insured would submit to medical examinations before the nominated doctors of the Company or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.
- f. I consent to and authorize the Company and/or any of its authorized representative agents to seek medical information from any hospital/medical practitioner or any other related entity that I have attended or may attend in future concerning any illness or injury.
- g. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company. h.I authorize the Company to exchange, share or part with the information relating to myself/person(s) to be insured with any external entity other than regulatory and statutory bodies, as may be required and I will not hold the Company or its agents liable for use/sharing of this information.
- h. I authorize the Company to exchange, share or part with the information relating to myself/person(s) to be insured with any external entity other than regulatory and statutory bodies, as may be required and I will not hold the Company or its agents liable for use/sharing of this information.
- i. I/We agree and undertake to convey to the Company any change/alterations carried out in the risk proposed for insurance after submission of this proposal form.
- j. I/We consent to receive information from the Company the through physical, electronic or telecommunication means from time to time.

the undersigned hereby declare on my behalf and on behalf of each of the persons proposed to be insured that the above statements and particulars are true, accurate and complete and correct in all respects and that there is all information which is relevant to this proposal that has been disclosed and not withheld from the Company. I declare that the money used to make the premium payment has not been derived from any illegal activity or unaccounted funds. I further declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

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

The details mentioned in above proposal form has been verified through OTP N

No physical Health Cards will be dispatched. The electronic version of the card below will be accepted across all network providers.

**care** HEALTH INSURANCE

HEALTH CARD

Policy No.  
**42296910**

Member ID	DOB	Name
39122667	11-May-1975	Rameshwar Murlidhar Rathi
39210291	27-May-2005	Abhishek
39210292	05-Jun-1979	Kiran R
39210293	12-Jun-2001	Akshad R

CUSTOMER APP



For Android



For iOS

 **www.careinsurance.com**

 **1800-102-4488**

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Unit No. 604-607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39,  
Gurugram-122001 (Haryana)  
IRDA Registration Number - 148

**Disclaimer**

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