

Date : 30 May 2022

Mr Piyush Kailas Khandelwal
G 303 Kanakia Paris
Ambedkar Nagar Government Colony Kheewadi
Bandra
Bandra 400051
Maharashtra
Policy No. : 42766052
Mobile No. : XXXXXX2232



Dear Mr Piyush Kailas Khandelwal,

Thank you for trusting us as your preferred Health Insurer.

At Care Health Insurance, it is our endeavor to make quality healthcare easily accessible for our customers as well as ensure a truly hassle-free claim servicing experience.

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

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

Also appended herewith for your convenience is your Care Health Card. This card should be presented at the time of an emergency or a planned hospitalization, to avail cashless treatment at our network of over 16000+ cashless network pan-India.

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

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

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

Team Care Health Insurance

CUSTOMER APP



For Android



For iOS



Care Health Insurance Limited

(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)



IRDA Regn. No. 148

CIN: U66000DL2007PLC161503

Policy Certificate

Mr Piyush Kailas Khandelwal
G 303 Kanakia Paris
Ambedkar Nagar Government Colony Kheewadi
Bandra
Bandra 400051
Maharashtra 27

Policy No.	42766052
Plan Name	CARE ADVANTAGE
Add-on Policy Name	Care Shield
Cover type	Floater
Policy Period - Start Date	00:00 hrs 31-May-2022
Policy Period - End Date	Midnight 30-May-2025
Nominee Name	Richa Khandelwal
Nominee Relationship	(Wife)
Premium Paid	Rs. 107541 <small>(Premium Rs 91136.43 + CGST Rs 8202.25 + IGST Rs 0 + SGST Rs 8202.25 + UGST Rs 0)</small>
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Client ID
Piyush Kailas Khandelwal	Male	10-Aug-1986	40062134

Details of Insured

Name	Client ID	Relationship	Date of Birth (DD-MM-YYYY)	Pre-existing diseases (since)	Insured with the Company (since)
Piyush Kailas Khandelwal	40062134	Member	10-Aug-1986	None	31-May-2022
Richa Khandelwal	40062136	Spouse	28-Jan-1987	None	31-May-2022
Trisha Khandelwal	40062139	Daughter	24-Jan-2019	None	31-May-2022

Details of Cover

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

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	Hospitalization Expenses (In-patient Care and Day Care Treatment)	Up to SI
2	Pre-Hospitalization Medical Expenses and Post-Hospitalization Expenses	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days;Maximum up to SI
3	Ambulance Cover	Up to SI
4	Organ Donor Cover	Up to SI
5	No Claims Bonus(NCB)	10% of Sum Insured for each Claim free year, maximum upto 50% of Sum Insured; reduced by 10% of Sum Insured in case of claim
6	Automatic Recharge	Up to SI (Once in a Policy Year)
7	Initial Wait Period	30 Days
8	Specific Diseases Waiting Period	24 Months
9	Pre-existing Diseases Waiting Period	48 Months
10	Room Rent / Room Category	No Sub-limits
11	ICU Charges	No Sub-limits
12	Air Ambulance Cover	Applicable
13	Annual Health Check-up	Applicable

Optional Cover

S No.	Particulars	Details
1	No Claim Bonus-Super	Applicable

Special Conditions

S No.	Particulars
1	Co-payment (Not Applicable)

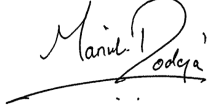
Add-on Policy Benefits

UIN No- RHIHLIA21168V012021

Schedule of Benefits

S No.	Particular	Description
1	Claim Shield	Applicable
2	NCB Shield	Applicable
3	Inflation Shield	Applicable

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



Authorized Signatory

Date of Issue : 30-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 Email : 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.: 27AADCR6281N1ZS IRDA Registration Number - 148 UIN : RHIHLIP21015V012021

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

CIN : U66000DL2007PLC161503

Note:

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

Premium Acknowledgement

Policy No.	42766052
Client ID	40062134
Policyholder	Mr Piyush Kailas Khandelwal
Address	G 303 Kanakia Paris Ambedkar Nagar Government Colony Kheewadi Bandra Bandra 400051, Maharashtra
Policy Period	31-May-2022 to 30-May-2025

Premium Details

Particulars	Amount (in Rs.)	Mode of Payment		
		Sno.	Receipt Number	Amount
Gross Premium		I	39369444	107541
CARE ADVANTAGE	68,415.12			
-Air Ambulance Cover	1,133.82			
-Care Shield	3,677.31			
-Health Check+	12,779.10			
-NCB-Super	5,131.08			
Goods & Services Tax (GST)	16,404.50			
Total	107,541.00			

The Premium is rounded off to the nearest rupee.

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

The premium paid through any mode other than cash for this policy is eligible for Income tax benefits to the person making the payment subject to the provisions of section 80D of the Income Tax Act, 1961 and amendments thereof. Effective from Assessment year 2019-20, in cases where health insurance premium for multiple years is paid in one year, it will be eligible for proportionate deduction in the years in which the health insurance continues to be effective.

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



Authorized Signatory

Date of Issue: 30-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 Advantage'

Dear Mr Piyush Kailas Khandelwal

In reference to your online proposal (1120036226927) for 'Care Advantage'- Comprehensive Health Insurance policy, please find below the details as provided by you:

Proposer Details

Name : MR PIYUSH KAILAS KHANDELWAL

Address : G 303 Kanakia Paris
Ambedkar Nagar Government Colony Kheewadi
Bandra
Bandra-400051
Maharashtra

Date of Birth : 10/08/86

Landline :

Mobile : XXXXXX2232

E-mail : ar.piyush@ymail.com

Details of the Persons be Insured

Name	Date of Birth	Relation	Pre-existing Diseases
Piyush kailas khandelwal	10/08/86	MEMBER	NONE
Richa khandelwal	28/01/87	SPOUSE	NONE
Trisha khandelwal	24/01/19	DAUGHTER	NONE

Additional Details

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

Insured 1	Insured 2	Insured 3
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
No	No	No

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

Insured 1	Insured 2	Insured 3
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
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
No	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.
42766052

Member ID	DOB	Name
40062134	10-Aug-1986	Piyush Kailas Khandelwal
40062136	28-Jan-1987	Richa Khandelwal
40062139	24-Jan-2019	Trisha Khandelwal

CUSTOMER APP

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 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.