

Date : 21 July 2022

**Mr Mukeshkumar Shobhagmal Jain**  
**62 Ward No 6 Khetiya**  
**Parsemal Khetia**  
**Khetia 451881**  
**Madhya Pradesh**  
**Policy No. : 44510721**  
**Mobile No. : XXXXXX3144**



Dear Mr Mukeshkumar Shobhagmal Jain,

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 9,300+ 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 Mukeshkumar Shobhagmal Jain  
62 Ward No 6 Khetiya  
Parsemal Khetia  
Khetia 451881  
Madhya Pradesh 23

|                            |  |
|----------------------------|--|
| Policy No.                 | 44510721   |
| Plan Name                  | CARE CLASSIC   |
| Cover type                 | Floater  |
| Policy Period - Start Date | 00:00 hrs 10-Jul-2022  |
| Policy Period - End Date   | Midnight 09-Jul-2023   |
| Nominee Name               | Ms Sweety Jain   |
| Nominee Relationship       | (Wife)   |
| Premium Paid               | Rs. 23467<br>(Premium Rs 19886.88 + CGST Rs 0 + IGST Rs 3579.65 + SGST Rs 0 + UGST Rs 0) |
| Premium Payment Mode       | Single Premium   |

| Policyholder                | Gender | Date Of Birth | Client ID |
|-----------------------------|--------|---------------|-----------|
| Mukeshkumar Shobhagmal Jain | Male   | 10-Aug-1977   | 42679469  |

### Details of Insured

| Name                        | Client ID | Relationship | Date of Birth (DD-MM-YYYY) | Pre-existing diseases (since) | Insured with the Company (since) |
|-----------------------------|-----------|--------------|----------------------------|-------------------------------|----------------------------------|
| Mukeshkumar Shobhagmal Jain | 42679469  | Member       | 10-Aug-1977                | None                          | 10-Jul-2022                      |
| Akshita Mukeshkumar Jain    | 43353914  | Daughter     | 02-Nov-2001                | None                          | 10-Jul-2022                      |
| Sakshi Jain                 | 43353916  | Daughter     | 10-Jan-1998                | None                          | 10-Jul-2022                      |
| Laksha Mukeshkumar Jain     | 43353917  | Son          | 15-Aug-2007                | None                          | 10-Jul-2022                      |
| Sweety Mukeshkumar Jain     | 43353918  | Spouse       | 15-Jul-1979                | None                          | 10-Jul-2022                      |

### Details of Cover

| S No. | Particulars | Details       |
|-------|-------------|---------------|
| 1     | Sum Insured | Rs. 10,00,000 |

### Contact details for Claims & Policy Servicing

|                                |  |
|--------------------------------|--|
| Correspondence address         | Care Health Insurance Limited<br>(Formerly known as Religare Health Insurance Company Limited)<br>Unit no 604 - 607, 6th Floor, Tower C, Unitech Cyber Park,<br>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 50,000 per eye, Max 75,000 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

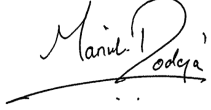
| S No. | Particulars            | Details    |
|-------|------------------------|------------|
| 1     | Annual Health Check-up | Applicable |

## Portability Details of the Insured

| Name                        | Previous Insurer           | First Policy Number | Date of First Enrollment | Expiry Policy SI Rs. (Original SI+CB) |
|-----------------------------|----------------------------|---------------------|--------------------------|---------------------------------------|
| Akshita Mukeshkumar Jain    | Oriental Insurance Co. Ltd | I82400/48/20        | 09-Jul-2015              | 300000 + 0                            |
| Laksha Mukeshkumar Jain     | Oriental Insurance Co. Ltd | I82400/48/20        | 09-Jul-2015              | 300000 + 0                            |
| Mukeshkumar Shobhagmal Jain | Oriental Insurance Co. Ltd | I82400/48/20        | 09-Jul-2015              | 300000 + 0                            |
| Sakshi Jain                 | Oriental Insurance Co. Ltd | I82400/48/20        | 09-Jul-2015              | 300000 + 0                            |
| Sweetey Mukeshkumar Jain    | Oriental Insurance Co. Ltd | I82400/48/20        | 09-Jul-2015              | 300000 + 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 : 21-Jul-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 : CHIHLP22071V012122

**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.    | 44510721   |
| Client ID     | 42679469   |
| Policyholder  | Mr Mukeshkumar Shobhagmal Jain   |
| Address       | 62 Ward No 6 Khetiya<br>Parsemal Khetia<br>Khetia 451881, Madhya Pradesh |
| Policy Period | 10-Jul-2022 to 09-Jul-2023   |

## Premium Details

| Particulars                     | Amount (in Rs.)  | S.no. | Receipt Number | Amount | Mode of Payment                |
|---------------------------------|------------------|-------|----------------|--------|--------------------------------|
|                                 |                  | 1     | 39804635       | 23467  | INTERNET PAYMENT GATEWAY (IPG) |
| Gross Premium                   |                  |       |                |        |                                |
| Care Classic                    | 18,881.40        |       |                |        |                                |
| -Annual Health CheckUp CClassic | 1,005.48         |       |                |        |                                |
| Goods & Services Tax (GST)      | 3,579.65         |       |                |        |                                |
| <b>Total</b>                    | <b>23,467.00</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. 23,467.00/- from Mr Mukeshkumar Shobhagmal Jain 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: 21-Jul-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.
- 4) We may credit upto Rs. 1/- to your account for validation, before remitting any further payment.

## Proposal Form-'CARE'

Dear Mr Mukeshkumar Shobhagmal Jain

In reference to your online proposal (1120038156179) for 'Care'- Comprehensive Health Insurance policy, please find below the details as provided by you:

### Proposer Details

Name : MR MUKESHKUMAR SHOBHAGMAL JAIN

Address : 62 Ward No 6 Khetiya  
Parsemal Khetia  
Khetia-451881  
Madhya Pradesh

Date of Birth : 10/08/77

Landline :

Mobile : XXXXXX3144

E-mail : satyamind444@gmail.com

### Details of the Persons be Insured

| Name                        | Date of Birth | Relation | Pre-existing Diseases |
|-----------------------------|---------------|----------|-----------------------|
| MUKESHKUMAR SHOBHAGMAL JAIN | 10/08/77      | MEMBER   | NONE                  |
| AKSHITA MUKESHKUMAR JAIN    | 02/11/01      | DAUGHTER | NONE                  |
| SAKSHI JAIN                 | 10/01/98      | DAUGHTER | NONE                  |
| LAKSHA MUKESHKUMAR JAIN     | 15/08/07      | SON      | NONE                  |
| SWEETY MUKESHKUMAR JAIN     | 15/07/79      | SPOUSE   | NONE                  |

### Additional Details

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

| Insured 1 | Insured 2 | Insured 3 | Insured 4 | Insured 5 |
|-----------|-----------|-----------|-----------|-----------|
| No        | 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 | Insured 5 |
|-----------|-----------|-----------|-----------|-----------|
| No        | 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 | Insured 5 |
|-----------|-----------|-----------|-----------|-----------|
| No        | 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 | Insured 5 |
|-----------|-----------|-----------|-----------|-----------|
| No        | 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 | Insured 5 |
|-----------|-----------|-----------|-----------|-----------|
| No        | NA        | 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.  
**44510721**

| Member ID | DOB         | Name                        |
|-----------|-------------|-----------------------------|
| 42679469  | 10-Aug-1977 | Mukeshkumar Shobhagmal Jain |
| 43353914  | 02-Nov-2001 | Akshita Mukeshkumar Jain    |
| 43353916  | 10-Jan-1998 | Sakshi Jain                 |
| 43353917  | 15-Aug-2007 | Laksha Mukeshkumar Jain     |
| 43353918  | 15-Jul-1979 | Sweety Mukeshkumar Jain     |

CUSTOMER APP



For Android



For iOS



**www.careinsurance.com**

**1800-102-4488**

 **customerfirst@careinsurance.com**

**Care Health Insurance Limited**  
(Formerly Religare Health Insurance Company Limited)

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.