

Date : 14 March 2022

**Ms Shalini Binayake**  
1/500, Aninsa Nutan Road, Shatri Nagar, Sailu  
Tal And Dist Sailu  
Sailu 431503  
Maharashtra

**Policy No. : 39715741**

**Mobile No. : XXXXXX5467**



Dear Ms Shalini Binayake,

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](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.

For any assistance feel free to mail us at [customerfirst@careinsurance.com](mailto: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

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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)



IRDA Regn. No. 148  
CIN: U66000DL2007PLC161503

## Policy Certificate

Ms Shalini Binayake

I/500, Aninsa Nutan Road, Shatri Nagar, Sailu

Tal And Dist Sailu

Sailu 431503

Maharashtra 27

Policy No.	39715741
Plan Name	CARE ADVANTAGE
Add-on Policy Name	Care Shield
Cover type	Individual
Policy Period - Start Date	00:00 hrs 20-Mar-2022
Policy Period - End Date	Midnight 19-Mar-2023
Nominee Name	Mr Nilesh Binayke
Nominee Relationship	(Father)
Premium Paid	Rs. 8047 <small>(Premium Rs 6819.33 + CGST Rs 613.74 + IGST Rs 0 + SGST Rs 613.74 + UGST Rs 0)</small>
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Client ID
Shalini Binayake	Female	14-Apr-1997	34285264

### Details of Insured

Name	Client ID	Relationship	Date of Birth (DD-MM-YYYY)	Pre-existing diseases (since)	Insured with the Company (since)	Sum Insured
Shalini Binayake	34285264	Member	14-Apr-1997	None	20-Mar-2022	50,00,000.00

### 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

## Optional Cover

S No.	Particulars	Details
1	Smart Select	Additional 20% Co-payment applicable for all claims made in Non Smart Select Network Hospitals.

## Portability Details of the Insured

Name	Previous Insurer	First Policy Number	Date of First Enrollment	Expiry Policy SI Rs. (Original SI+CB)
Shalini Binayake	Star Health Insurance Co. Ltd	P/151115/01/	18-Mar-2014	1000000 + 450000

\*SI = Sum Insured, CB = Cumulative Bonus

### 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 : 14-Mar-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. 73891925 dated 25 February 2021, 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.	39715741
Client ID	34285264
Policyholder	Ms Shalini Binayake
Address	1/500, Aninsa Nutan Road, Shatri Nagar, Sailu Tal And Dist Sailu Sailu 431503, Maharashtra
Policy Period	20-Mar-2022 to 19-Mar-2023

## Premium Details

Particulars	Amount (in Rs.)
Gross Premium	
CARE ADVANTAGE	6,440.48
-Care Shield	378.85
Goods & Services Tax (GST)	1,227.48
<b>Total</b>	<b>8,047.00</b>

The Premium is rounded off to the nearest rupee.

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

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: 14-Mar-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 Ms Shalini Binayake

In reference to your online proposal (1120032223652) for 'Care Advantage'- Comprehensive Health Insurance policy, please find below the details as provided by you:

### Proposer Details

Name : MS SHALINI BINAYAKE  
 Address : 1/500, Aninsa Nutan Road, Shatri Nagar, Sailu  
 Tal And Dist Sailu  
 Sailu-431503  
 Maharashtra  
 Date of Birth : 14/04/97  
 Landline : XXXXXX+91-  
 Mobile : XXXXXX5467  
 E-mail : Nileshbinayke@gmail.com

### Details of the Persons be Insured

Name	Date of Birth	Relation	Pre-existing Diseases
SHALINI BINAYAKE	14/04/97	MEMBER	NONE

### Additional Details

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

Insured I
No

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

Insured I
No

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

Insured I
No

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

Insured I
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 I
No

## 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.

 **HEALTH CARD**

**Policy No.**  
**39715741**

Member ID	DOB	Name
34285264	14-Apr-1997	Shalini Binayake

**CUSTOMER APP**



For Android For iOS

 **www.careinsurance.com**

 **1800-102-4488**

 **customerfirst@careinsurance.com**

**Care Health Insurance Limited**  
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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.