

Date : 27 May 2023

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

Policy No: 42296910

Mobile No: XXXXXX8911



Dear Mr Rameshwar Murlidhar Rathi,

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/3qals5e> 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.

For any assistance, please feel free to write to us at <https://www.careinsurance.com/contact-us.html>.

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

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Corresp. Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road,
Sector-43, Gurugram-122009 (Haryana)
IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503

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WhatsApp
8860402452

Self Help Portal:
www.careinsurance.com/self-help-portal.html

Submit Your Queries/Requests:
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Policy Certificate

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

Policy No.	42296910
Plan Name	CARE CLASSIC
Cover Type	Floater
Policy Period - Start Date	00:00 hrs 30-May-2023
Policy Period - End Date	Midnight 29-May-2024
Nominee Name (Relation)	Kiran rathi (Wife)
Premium Paid	Rs.22,460.00 (Premium Rs 19034.17+Underwriting Loading Rs 0.00+CGST Rs1,713.07+IGST Rs0.00+SGST Rs1,713.07+UGST Rs0.00)
Premium Payment Mode	Single Premium

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

Details of Insured Person

Name	Client ID	Date of Birth	Relationship	Insured with the Company (since)	Pre-existing diseases since
Rameshwar Murlidhar Rathi	39122667	11-May-1975	MEMBER	30-May-2022	NONE
Abhishekh .	39210291	27-May-2005	SON	30-May-2022	NONE
Kiran R	39210292	05-Jun-1979	SPOUSE	30-May-2022	NONE
Akshad R	39210293	12-Jun-2001	SON	30-May-2022	NONE

Details of Cover

Policy Insured Name	Policy Sum Insured	Accumulated No Claim Bonus Amount
Rameshwar Murlidhar Rathi	5,00,000.00	1,25,000.00
Abhishekh .		
Kiran R		
Akshad R		

- Note
- NCB/NCB Shield Protection has been applied on this renewal.
 - Amount of No Claim Bonus / No Claim Bonus Super is calculated basis the claim status updated till Date of Payment of Renewal Premium. This amount can vary basis the claim reported against Expiring Policy Year.
 - Floater Policy, all the member coverage is on shared basis. Individual Policy each member is covered on Individual Basis
 - Coverage and Claims Subject to the Policy Terms & Conditions

Contact details for Claims & Policy Servicing

Correspondence address	Care Health Insurance Limited, Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana)
E-mail ID for Claims	claims@careinsurance.com
Website	www.careinsurance.com


Intermediary Details

Name	Code	Contact Details
Care Health Insurance Ltd.	Direct	https://www.careinsurance.com/contact-us.html


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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

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Portability Details of the Insured

Previous Insurer : ORIENTAL INSURANCE CO. LTD

Name	First Policy Number	Expiry Policy Number	Date of First Enrollment	Expiry Policy SI Rs. (Original SI+CB)
Rameshwar murlidhar Rathi	182400/48/20	182100/48/2022/807	24-May-2017	5,00,000 + 0
Abhishekh .	182400/48/20	182100/48/2022/807	24-May-2017	5,00,000 + 0
Kiran R	182400/48/20	182100/48/2022/807	24-May-2017	5,00,000 + 0
Akshad R	182400/48/20	182100/48/2022/807	24-May-2017	5,00,000 + 0

For Care Health Insurance Limited



Authorized Signatory

Date of Issue : 27 May 2023

Place of Issue : Gurgaon, Haryana

Service Branch : 1st Floor Rajendra Bhavan Near LIC Office Adalat Road
AurangabadAurangabad,Maharashtra,431005

Branch Contact No. : 9289454789

Consolidated Stamp Duty paid vide E-Challan GRN no. 98389442 dated 17 Jan 2023, RCM Applicability- N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State

GSTIN No.: 27AADCR6281N1ZS

UIN :CHIHLP22071V012122

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 feel free to write to us at <https://www.careinsurance.com/contact-us.html>
- 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.

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Premium Acknowledgement

Policy No.	42296910
Client ID	39122667
Policyholder	Mr Rameshwar Murlidhar Rathi
Address	Plot No 18 Parekh Colony Selu Sailu Sailu 431503 Maharashtra 27
Policy Period	30-May-2023 to 29-May-2024

Premium Details

Particulars	Amount (in Rs.)	S.no.	Receipt Number	Amount	Mode of Payment
Gross Premium		1	A2710662	22,460.00	IPG
Care Classic	17,987.64				
Annual Health CheckUp CClassic	1,046.53				
Goods & Services Tax (GST)	3,426.14				
Total	22,460.00				

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

Authorized Signatory

Date of Issue : 27 May 2023

Place of Issue : Gurgaon, Haryana

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) This Policy is issued subject to realization of the premium amount. In case the instrument given towards the premium amount is dishonored, then the cover provided under this Policy shall automatically get cancelled. In the given scenario, if any amount has been paid by the Company in respect of a claim or due to any other reason than the amount so advanced by the Company shall be refunded to the Company forthwith.
- 5) We may credit upto Rs. 1/- to your account for validation, before remitting any further payment.

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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	Abhishekh .
39210292	05-Jun-1979	Kiran R
39210293	12-Jun-2001	Akshad R

 **www.careinsurance.com**

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SELF HELP
A PORTAL FOR ANSWERING YOUR POLICY queries

Submit Your Queries/Requests: www.careinsurance.com/contact-us.html

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.

IRDAI Registration No. 148