

पॉलिसी अनुसूची/ Policy Schedule- न्यू नेशनल परिवार मेडिक्लेम/New National Parivar Mediclaim	
पॉलिसी नंबर/ Policy Number: 270600502310001441	व्यवसाय स्रोत/Business Source: 910275
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड /Office Code: 270600 कार्यालय पता /Office Address: AURANGABAD DIVISION Hazari Chambers, Station Road, Aurangabad, Maharashtra,, - 431005. राज्य कोड/State Code: 27, Maharashtra जीएसटीआइन/GSTIN: 27AAACN9967E1Z3 संपर्क संख्या/Contact Number: 240 2337569 मोबाइल नंबर/Mobile Number: 0	विक्रय चैनल विवरण/Sales Channel Details: विक्रय चैनल कोड /Sales Channel Code: 91027500000001 नाम /Name: JAINUINE INSURANCE BROKERS PVT LTD - INDORE संपर्क संख्या/ Contact Number: 9893131223 सह दलाल कोड / Co Broker Code: UIN: NICHILIP23033V012223 कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number:1800 345 0330 ईमेल/email:customer.support@nic.co.in



ग्राहक का नाम /Customer Name: MR RANA RONAK RANJITSINH	ग्राहक आईडी /Customer ID: 9525530631	पैन /PAN: BKBPR1104E
पता/ Address: 864/2, GAMBHA SHERI, B/H FAMILY COURT, KOCHHRAB GAM, PALDI, AHMEDABAD DIST. : AHMEDABAD, GUJARAT, शहर/City: AHMEDABAD, जिला/District: AHMEDABAD, राज्य/ State: GUJARAT, पिन/PIN: 380007. सेल/Cell: 9016534009	आधार /AADHAR: फोन /Phone: 9016534009 ई-मेल /E-Mail: caronakrana@gmail.com	
पॉलिसी: 31/03/2024 के 00:00 से 30/03/2025 की मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 31/03/2024 to midnight of 30/03/2025		
प्रीमियम/ Premium	₹ 15,081.00	
Less:Digital Discount	₹ 0.00	
Total Premium	₹ 15,081.00	
सीजीएसटी/CGST	₹ 0.00	
एसजीएसटी/यूटीजीएसटी / SGST/UTGST	₹ 0.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date
आईजीएसटी/IGST	₹ 2,715.00	8800210326585642 दिनांक/Dt. 03/02/2024
कम:जीएसटी टीडीएस / Less:GST_TDS	₹ 0.00	
वसूली योग्य योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date
		270600812310005289 दिनांक/Dt. 27/03/2024
कुल राशि /Total Amount	₹ 17,796.00	पिछली पॉलिसी संख्या और समाप्ति तिथि / Previous Policy Number and Expiry Date
		270608501910000771दिनांक/Dt.30/03/2021 270608501810000743दिनांक/Dt.30/03/2020 301201501710000365दिनांक/Dt.30/03/2019 3022014816850005407दिनांक/Dt.30/03/2018 270608502010000897दिनांक/Dt.30/03/2022 270608502110000825दिनांक/Dt.30/03/2023 270600502210001257दिनांक/Dt.30/03/2024
(रूपए/Rupees Seventeen Thousand Seven Hundred Ninety Six केवल/Only.)		
*सरकारी सब्सिडी Government Subsidy:	₹ 0.00	

सामान्य सारांश/General Summary:

प्रीमियम भुगतान जोन/Premium Paying Zone	
प्रीमियम भुगतान जोन/Premium Paying Zone:जोन I, ग्रेटर मुंबई मेट्रोपोलिटन क्षेत्र, संपूर्ण गुजरात/Zone I, Greater Mumbai Metropolitan area, entire state of Gujarat	
फ्लोटर आवरण/Floater Covers	
मूल आवरण की बीमा राशि/Basic Cover Sum Insured	₹400,000.00
Home Care Treatment	
बाह्य रोगी के आवरण की बीमा राशि/Outpatient Cover Sum Insured	NA

व्यक्तिगत सदस्य विवरण और व्यक्तिगत आवरण/Individual member details and Individual cover:

प्रमाण-पत्र /Certificate- न्यू नेशनल परिवार मेडिकलेम/New National Parivar Mediclaim	
पॉलिसी नंबर /Policy Number: 270600502310001441	व्यवसाय स्रोत /Business Source: 910275
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड /Office Code: 270600 कार्यालय पता /Office Address: AURANGABAD DIVISION Hazari Chambers, Station Road, Aurangabad, Maharashtra,, - 431005. राज्य कोड/State Code: 27, Maharashtra जीएसटीआएन/GSTIN: 27AAACN9967E1Z3 संपर्क संख्या/Contact Number: 240 2337569 मोबाइल नंबर/Mobile Number: 0	विक्रय चैनल विवरण/ Sales Channel Details विक्रय चैनल कोड/ Sales Channel Code: 91027500000001 नाम/ Name: JAINUINE INSURANCE BROKERS PVT LTD - INDORE संपर्क संख्या/Contact Number: 9893131223 सह दलाल कोड / Co Broker Code: UIN: NICHILIP23033V012223 कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number:1800 345 0330 ईमेल/email:customer.support@nic.co.in



क्र.सं. /S.No	बीमित व्यक्ति का नाम/Name of the Insured Person	जन्म-तिथि आयु/DOB Age	संबंध पेशा /Relation Occupation	लिंग /Gen der	गंभीर बीमारी की बीमा राशि /Critical Illness SI (₹)	पहले से मौजूद मधुमेह आवरण /Pre-existing Diabetes cover	पहले से मौजूद उच्च रक्तचाप आवरण /Pre- existing Hypertension cover
1	RANA RONAK RANJITSINH	14/01/1988 36Yrs	Self Other Employees	M	NA	No	No
2	MRS KINJAL RONAK RANA	24/11/1991 32Yrs	Wife Housewife	F	NA	No	No
3	MAST PRANSHUL RONAK RANA	07/08/2016 7Yrs	Son Child	M	NA	No	No

संचयी बोनस/Cumulative Bonus : 20000.00

वैकल्पिक कॉपीराइट विवरण/Optional Copayment details :
सह भुगतान/co payment %: 0%

नामांकित का विवरण/Nominee Details :
नाम/Name:MRS KINJAL RONAK RANA प्रस्तावक के साथ संबंध/Relationship with Proposer:WIFE

Frequency of Premium Payment: Annual
टीपीए का विवरण/TPA Details:MEDI ASSIST INDIA TPA PVT LTD - PUNE, 1st floor C wing Manikchand Icon Building Dhole Patil Road -
411001 Contact No : 20 - 66838000 Email : nic@mediassist.in.

जिसकी गवाही में दिन/ माह /वर्ष को उपरोक्त उल्लिखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवत अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाइट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रूप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लिखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक की अस्वीकृति के मामले में, यह दस्तावेज स्वतः आरंभ से ही निरस्त मानी जाएगी। /IN
WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 27/March/2024.This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'

इंश्योरेन्सईंडियालिमिटेड ओम्बड्समैन का विवरण/Ombudsman Details: Office of the Insurance
Ombudsman,3rd Floor, Jeevan Seva Annexe , S. V. Road, Santacruz
(W),Mumbai - 400 054.
Tel.: 69038821 / 23 / 24 / 25 /26 /27 / 28 /29 /30/31
Email: bimalokpal.mumbai@cioins.co.in

Office of theInsurance Ombudsman,Jeevan Darshan Bldg., 3rd Floor, CT.S.
No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030.
Tel.: 020-41312555
Email: bimalokpal.pune @cioins.co.in

स्टॉप ड्यूटी
Stamp
Duty:
(₹ 1.00)

कृते नेशनल इंश्योरेन्स कंपनी लिमिटेड/
For and on behalf of National
Insurance Company Limited
अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

प्रमाण-पत्र /Certificate- न्यू नेशनल परिवार मेडिकलेम/New National Parivar Mediclaim	
पॉलिसी नंबर /Policy Number: 270600502310001441	व्यवसाय स्रोत /Business Source: 910275
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड /Office Code: 270600 कार्यालय पता /Office Address: AURANGABAD DIVISION Hazari Chambers, Station Road, Aurangabad, Maharashtra,, - 431005. राज्य कोड/State Code: 27, Maharashtra जीएसटीआएन/GSTIN: 27AAACN9967E1Z3 संपर्क संख्या/Contact Number: 240 2337569 मोबाइल नंबर/Mobile Number: 0	विक्रय चैनल विवरण/ Sales Channel Details विक्रय चैनल कोड/ Sales Channel Code: 91027500000001 नाम/ Name: JAINUINE INSURANCE BROKERS PVT LTD - INDORE संपर्क संख्या/Contact Number: 9893131223 सह दलाल कोड / Co Broker Code: UIN: NICHILIP23033V012223 कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number:1800 345 0330 ईमेल/email:customer.support@nic.co.in



नेशनल इन्श्योरेंस
National Insurance

ग्राहक का नाम/Customer Name: MRRANA RONAK RANJITSINH	ग्राहक आईडी/Customer ID: 9525530631	पैन/PAN: BKBPR1104E
पता/Address: 864/2, GAMBHA SHERI, B/H FAMILY COURT, KOCHRAB GAM, PALDI, AHMEDABAD DIST. : AHMEDABAD, GUJARAT, शहर/City:AHMEDABAD, जिला/District:AHMEDABAD,राज्य /State:GUJARAT, पिन/PIN:380007सेल/Cell:9016534009	फोन/Phone: ई-मेल/E-Mail: caronakrana@gmail.com	
पॉलिसी00:00 बजे, on 31/03/2024 से प्रभावी 30/03/2025 की मध्य रात्रि तक /Policy Effective from: 00:00 hours, on 31/03/2024 to midnight of 30/03/2025		

प्रीमियम प्रमाण-पत्र /Premium Certificate

आयकर (संशोधन) अधिनियम, 1986 की धारा 80 डी के तहत कटौती के प्रयोजन के लिए /
(For the purpose of deduction u/s 80 D of Income Tax (amendment) Act,1986)

यह प्रमाणित किया जाता है कि MR.RANA RONAK RANJITSINH ने रूपये ₹17,796.00 Seventeen Thousand Seven Hundred Ninety Six केवल दस्तावेज संख्या N086242952219638 दिनांकित 26/03/2024 के द्वारा 31/03/2024 से 30/03/2025 की अवधि के लिए पॉलिसी संख्या 270600502310001441 के माध्यम से अस्पताल में भर्ती बीमा हेतु प्रीमियम का भुगतान किया है।

प्रीमियम /Premium ₹15,081.00

CGST₹.0.00. SGST₹.0.00. IGST ₹.2,715.00. रसीद संख्या के द्वारा भुगतान की प्राप्ति/Payment received vide receipt no.270600812310005289दिनांकित /dated 27/03/2024.

This is to certify that MR.RANA RONAK RANJITSINH has paid ₹17,796.00 (in words) Seventeen Thousand Seven Hundred Ninety Six Only towards premium for National ParivarMediclaimPolicy vide Policy No. 270600502310001441 for the period from 31/03/2024 to 30/03/2025 by Instrument number N086242952219638 dated 26/03/2024.

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/

For National Insurance Company

विधिवत रूप से अधिकृत प्राधिकरण/

Duly Constituted Authority

नोट : पॉलिसी को रद्द करने या प्रीमियम को प्रभावित करने वाले बीमा में किसी तरह के बदलाव के मामले में नए प्रमाणपत्र के जारी करने के लिए यह प्रमाण पत्र

बीमा कंपनी को समर्पित करना चाहिए।

/Note: This Certificate must be surrendered to the Insurance company for issuance of fresh certificate in case of cancellation of the policy or any alteration in the Insurance affecting the premium

टैक्स इनवॉयस/TAX INVOICE

इनवॉयस क्र./Invoice Serial No: 30762H3PE0001441

इनवॉयस तिथि/Invoice Date: 27/03/2024

आपूर्तिकर्ता का विवरण/Details of Supplier:

नेशनल इन्श्योरेंस कंपनी लिमिटेड/National Insurance Company Limited.,
AURANGABAD DIVISION Hazari Chambers, Station Road, Aurangabad, Maharashtra., - 431005
राज्य/State : 27 , Maharashtra
जीएसटीआएन नंबर/
GSTIN No : 27AAACN9967E1Z3

प्राप्तकर्ता का विवरण/Details Of Receiver : MR RANA RONAK RANJITSINH

पता/Address : 864/2, GAMBHA SHERI, B/H FAMILY COURT, KOCHHRAB GAM, PALDI, AHMEDABAD DIST. : AHMEDABAD, GUJARAT
शहर/City : AHMEDABAD,
जिला/District: AHMEDABAD,
राज्य/State: GUJARAT,
पिन/PIN: 380007.

आपूर्ति का स्थान/Place Of
Supply State : Gujarat
राज्य कोड/State Code : 24
जीएसटीआएन नंबर/GSTIN No : NA

सैक कोड/SAC Code	सेवा का विवरण/Description of Service	कुल/Total(₹)	छूट/Discount	टैक्स योग्य/मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/CGST		एसजीएसटी/यूटीजीएसटी/SGST/UTGST		आईजीएसटी/IGST		Kerala Flood Cess
					दर/Rate	राशि/Amount(₹)	दर/Rate	राशि/Amount(₹)	दर/Rate	राशि/Amount(₹)	राशि/Amount(₹)
997133	Accident and health insurance services	15,081	0%	15,081	0%	0	0%	0	18%	2,715	0
TOTAL		15,081		15,081		0		0		2,715	0

कुल इनवॉयस मूल्य (अंकों में)Total Invoice Value (In figures) : ₹ 17,796

कुल इनवॉयस मूल्य (शब्दों में)Total Invoice Value (In words) : रूपए/Rupees Seventeen Thousand Seven Hundred Ninety Six केवल/Only.

रिवर्स चार्ज के अधीन टैक्स की राशि/ Amount of Tax Subject to Reverse Charge : No

E.&O.E

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/
For and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory



**New National Parivar Mediclaim Policy
Customer Information Sheet**

This documents provides key information about your policy. You are also advised to go through your policy document.

S No.	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	Policy Clause No.
1.	Name of Insurance Product	New National Parivar Mediclaim Policy	
2.	Policy number	270600502310001441	
3.	Type of Insurance Product/ Policy	Both Indemnity and Benefit	
4.	Sum Insured	400000	
5.	Policy Coverage (what the policy covers?)	<p>Expenses in respect of:</p> <p>a. Admission in Hospital beyond 24 hrs 3.1.1</p> <p>b. Pre-hospitalisation (treatment prior to admission in hospital) of 45 days 3.1.2</p> <p>c. Post-hospitalisation (treatment after discharge from hospital) within 75 days from date of discharge 3.1.3</p> <p>d. Domiciliary Hospitalisation 3.1.4</p> <p>e. Procedures requiring less than 24 hours of hospitalization (day care). 3.1.5</p> <p>f. Ayurveda and Homeopathy 3.1.6</p> <p>g. Organ donor's medical expenses 3.1.7</p> <p>h. Hospital Cash for maximum of 5 days 3.1.8</p> <p>i. Ambulance 3.1.9</p> <p>j. Anti Rabies Vaccination 3.1.10</p> <p>k. Maternity 3.1.11</p> <p>l. Infertility 3.1.12</p> <p>m. HIV/ AIDS Treatment 3.1.13</p> <p>n. Mental Illness Treatment 3.1.14</p> <p>o. Modern Treatment (12 in Number) 3.1.15</p> <p>p. Morbid Obesity Treatment 3.1.16</p> <p>q. Correction of Refractive Error (equal to or more than 7.5 dioptries) 3.1.17</p> <p>Other Benefits:</p> <p>a. Reinstatement of Basic SI (available to Basic SI of <input type="checkbox"/> 6L and above) 3.2</p> <p>3.2.1</p> <p>Good Health Incentive:</p> <p>a. Cumulative Bonus (CB) 3.3</p> <p>b. Preventive Health Check Up 3.3.1</p> <p>3.3.2</p> <p>Optional Covers:</p> <p>a. Pre-existing Diabetes / Hypertension 3.4</p> <p>b. Out-Patient Treatment 3.4.1</p> <p>c. Critical Illness 3.4.2</p> <p>3.4.3</p>	
6.	Exclusions (what the policy does not cover)	<p>Standard exclusions:</p> <p>a. Pre-Existing Diseases (Excl 01) 4.1</p> <p>b. Specified disease/procedure waiting period (Excl 02) 4.2</p> <p>c. First 30 days waiting period (Excl 03) 4.3</p> <p>d. Investigation & Evaluation (Excl 04) 4.4</p> <p>e. Rest Cure, Rehabilitation and Respite Care (Excl 05) 4.5</p> <p>f. Obesity/ Weight Control (Excl 06) 4.6</p> <p>g. Change-of-Gender Treatments (Excl 07) 4.7</p> <p>h. Cosmetic or Plastic Surgery (Excl 08) 4.8</p> <p>i. Hazardous or Adventure Sports (Excl 09) 4.9</p> <p>j. Breach of Law (Excl 10) 4.10</p> <p>k. Excluded Providers (Excl 11) 4.11</p> <p>l. Drug/Alcohol Abuse (Excl 12) 4.12</p> <p>m. Non Medical Admissions (Excl 13) 4.13</p> <p>n. Vitamins, Tonics (Excl 14) 4.14</p> <p>o. Refractive Error (Excl 15) 4.15</p> <p>p. Unproven Treatments (Excl 16) 4.16</p>	

		<p>Specific exclusions:</p> <p>a. Hormone Replacement Therapy 4.17</p> <p>b. General Debility, Congenital External Anomaly 4.18</p> <p>c. Self Inflicted Injury 4.19</p> <p>d. Stem Cell Surgery 4.20</p> <p>e. Circumcision 4.21</p> <p>f. Vaccination or Inoculation 4.22</p> <p>g. Massages, Steam Bath, Alternative Treatment (Other than Ayurveda and Homeopathy) 4.23</p> <p>h. Dental treatment 4.24</p> <p>i. Out Patient Department (OPD) 4.25</p> <p>j. Stay in a Hospital which is not Medically Necessary. 4.26</p> <p>k. Spectacles, Contact Lens, Hearing Aid, Cochlear Implants 4.27</p> <p>l. Non Prescription Drug 4.28</p> <p>m. Treatment not Related to Disease for which Claim is Made 4.29</p> <p>n. Equipments 4.30</p> <p>o. Items of personal comfort 4.31</p> <p>p. Service charge/ registration fee 4.32</p> <p>q. Home visit charges 4.33</p> <p>r. War 4.34</p> <p>s. Radioactivity 4.35</p> <p>t. Treatment taken outside the geographical limits of India 4.36</p> <p>u. Permanently Excluded Diseases 4.37</p> <p>Exclusions under Domiciliary Hospitalisation 3.1.4</p> <p>Exclusions in Organ Donor's Medical Expenses 3.1.7</p> <p>Exclusions in Maternity Cover 3.1.11</p> <p>Exclusions in Infertility Cover 3.1.12</p> <p>Exclusions in Mental Illness Cover 3.1.14</p> <p>Exclusions under Out-Patient Treatment 3.4.2</p> <p>Exclusions under Critical Illness cover 3.4.3</p>	
7.	<p>Waiting period</p> <ul style="list-style-type: none"> Time period during which specified diseases / treatments are not covered. It is counted from the beginning of the policy coverage. 	<p>a. Initial waiting period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) 4.3</p> <p>b. Specific waiting periods (Not applicable for claims arising due to an accident): 4.2</p> <ul style="list-style-type: none"> Ninety (90) Days for 3 diseases/procedures/conditions 4.1 One (1) year for 5 diseases/procedures 3.1.11 Two (2) years for 18 diseases/procedures 3.1.12 Four (4) years for 4 diseases/procedures 3.1.14 <p>c. Pre-Existing Diseases: Covered after forty eight (48) months</p> <p>d. Maternity: Covered after thirty six (36) months</p> <p>e. Infertility: Covered after thirty six (36) months</p> <p>f. Following mental illnesses shall be covered after two (2) years</p> <ul style="list-style-type: none"> Depression (ICD - F32; F33) Schizophrenia (ICD - F20; F21; F25) 	
8.	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit).</p>	<p>a. Room Rent - Up to 1% of SI or actual, whichever is lower Proportionate Deduction shall apply if opted for Room of higher category. 3.1.1.1</p> <p>b. ICU charges - Up to 2% of SI or actual, whichever is lower Sub limit will not apply in case of Hospitalisation in a Preferred Provider Network (PPN) as per eligible package. 3.1.1.1</p> <p>c. Cataract Surgery - Up to 10% of SI or INR 40,000 per eye, whichever is lower 3.1.1.2</p> <p>d. Treatment related to participation as a non-professional in hazardous or adventure sports – Up to 25% of SI 3.1.1.3</p> <p>e. Domiciliary Hospitalisation (as Floater) - Up to 20% of SI, subject to maximum of INR 50,000 3.1.4</p> <p>f. Hospital Cash (per insured person, per day) – 3.1.8</p> <p>g. INR 300, max. of 5 days (For Basic SI 1-5 Lakhs)</p> <p>h. INR 500, max of 5 days (For Basic SI 6-10 Lakhs)</p> <p>i. Ambulance - Up to INR 1,000/- per illness & INR 2,500/- in a policy year 3.1.9</p> <p>j. Anti rabies Vaccination (per insured person, in a policy year) - Up to INR 5,000 3.1.10</p> <p>k. Maternity (including Baby from Birth Cover) (per insured person, in a policy year - Up to 10% of SI subject to INR 30,000 in case of normal delivery and INR 50,000 in case of caesarean section 3.1.11</p> <p>l. Infertility (per insured person, in a policy year) - Up to INR 50,000 3.1.12</p> <p>m. Modern Treatments (12 in number) – Up to 25% of SI for each treatment 3.1.15</p> <p>Optional cover for Pre-existing Diabetes / Hypertension Insured opting for cover for pre-existing diabetes, can avail treatment for diabetes, subject to a copayment of 10% 3.4.1</p>	

	<p>ii. Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).</p>	<p>Insured opting for cover for pre-existing hypertension, can avail treatment for hypertension, subject to a copayment of 10%</p> <p>Insured opting for cover for pre-existing diabetes and hypertension, can avail treatment for diabetes or hypertension, subject to a copayment of 25%</p> <p>Depending upon the zone for which premium has been paid and the zone where treatment has been taken, Copayment shall apply. The country has been divided into four zones.</p> <p>Zone I – Greater Mumbai Metropolitan area, entire state of Gujarat</p> <p>Zone II – National Capital Territory (NCT) Delhi and National Capital Region (# NCR), Chandigarh, Pune</p> <p>Zone III – Chennai, Hyderabad, Bangalore</p> <p>Zone IV – Rest of India</p> <p><i># NCR includes Gurgaon-Manesar, Alwar-Bhiwadi, Faridabad-Ballabgarh, Ghaziabad-Loni, Noida, Greater Noida, Bahadurgarh, Sonapat-Kundli Charkhi Dadri, Bhiwani, Narnaul</i></p> <p>Copayment of 4.5% if insured paying premium as per Zone II but availing treatment in Zone I</p> <p>Copayment of 11% if insured paying premium as per Zone III but availing treatment in Zone I</p> <p>Copayment of 7% if insured paying premium as per Zone III but availing treatment in Zone II</p> <p>Copayment of 30% if insured paying premium as per Zone IV but availing treatment in Zone I</p> <p>Copayment of 27.5% if insured paying premium as per Zone IV but availing treatment in Zone II</p> <p>Copayment of 20% if insured paying premium as per Zone IV but availing treatment in Zone III</p> <p>Optional Co-payment</p> <p>The Insured may opt for Optional Co-payment, with discount in premium.</p> <ul style="list-style-type: none"> o 20% Co-payment on each admissible claim under the Policy, with a 16% discount in total premium. o 15% Co-payment on each admissible claim under the Policy, with a 12% discount in total premium. <p>None</p> <p>None</p>	<p>5.17.6</p> <p>5.17.7</p>						
<p>9.</p>	<p>Claims / Claims Procedure</p>	<p>For Cashless Service</p> <p>i. Notification of claim to be provided as per table below.</p> <table border="1" data-bbox="518 1529 1326 1733"> <thead> <tr> <th>Notification of claim for Cashless facility</th> <th>TPA must be informed:</th> </tr> </thead> <tbody> <tr> <td>In the event of planned hospitalisation</td> <td>At least seventy two (72) hours prior to the Insured Person's admission to Network Provider</td> </tr> <tr> <td>In the event of emergency hospitalisation</td> <td>Within twenty four (24) hours of the Insured Person's admission to Network Provider</td> </tr> </tbody> </table> <p>ii. Cashless facility for treatment in network hospitals can be availed, if TPA service is opted.</p> <p>iii. Treatment may be taken in a network provider and is subject to pre authorization by the TPA. Booklet containing list of network provider shall be provided by the TPA. Updated list of network provider is available on website of the Company and the TPA mentioned in the schedule.</p> <p>iv. Cashless request form available with the network provider and TPA shall be completed and sent to the TPA for authorization.</p> <p>v. The TPA upon getting cashless request form and related medical information from the insured person/ network provider shall issue pre-authorization letter to the</p>	Notification of claim for Cashless facility	TPA must be informed:	In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Network Provider	In the event of emergency hospitalisation	Within twenty four (24) hours of the Insured Person's admission to Network Provider	<p>5.17.1</p> <p>5.17.2</p>
Notification of claim for Cashless facility	TPA must be informed:								
In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Network Provider								
In the event of emergency hospitalisation	Within twenty four (24) hours of the Insured Person's admission to Network Provider								
	<p>iii. Deductible</p> <p>iv. Any other limit</p>								

		<p>hospital after verification.</p> <p>vi. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.</p> <p>vii. The TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.</p> <p>viii. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the TPA for processing.</p> <p>For Reimbursement of Claim</p> <p>i. Notification of claim to be provided as per table below.</p> <table border="1" data-bbox="520 365 1326 539"> <thead> <tr> <th>Notification of claim for Reimbursement</th> <th>Company/TPA must be informed:</th> </tr> </thead> <tbody> <tr> <td>In the event of planned hospitalisation</td> <td>At least seventy two (72) hours prior to the Insured Person's admission to Hospital</td> </tr> <tr> <td>In the event of emergency hospitalisation</td> <td>Within twenty four (24) hours of the Insured Person's admission to Hospital</td> </tr> </tbody> </table> <p>ii. For reimbursement of claims the insured person may submit the necessary documents to TPA (if claim is processed by TPA)/Company (if claim is processed by the Company) within the prescribed time limit.</p> <table border="1" data-bbox="507 636 1319 1115"> <thead> <tr> <th>Type of claim</th> <th>Time limit for submission of documents to Company/TPA</th> </tr> </thead> <tbody> <tr> <td>Reimbursement of hospitalization, pre hospitalisation expenses and ambulance charges</td> <td>Within fifteen days from date of discharge from hospital</td> </tr> <tr> <td>Reimbursement of post hospitalisation expenses</td> <td>Within fifteen days from completion of post hospitalisation treatment</td> </tr> <tr> <td>Reimbursement of domiciliary hospitalisation expenses</td> <td>Within fifteen days from issuance of fitness certificate</td> </tr> <tr> <td>Reimbursement of anti-rabies vaccination and new born baby vaccination</td> <td>Within fifteen days from date of vaccination</td> </tr> <tr> <td>Reimbursement of expenses for infertility treatment</td> <td>Within fifteen days of completion of treatment or fifteen days of expiry of policy period, whichever is earlier, once during the policy year</td> </tr> <tr> <td>Reimbursement of health check up expenses (to be submitted to the office only)</td> <td>Within six months of the fourth policy year.</td> </tr> </tbody> </table> <p>Procedure for Reimbursement of Claim under Domiciliary Hospitalisation</p> <p>For reimbursement of claims under domiciliary hospitalisation, the insured person may submit the necessary documents to TPA (if claim is processed by TPA)/Company (if claim is processed by the Company) within the prescribed time limit.</p> <p>For Out-patient Treatment Claims</p> <p>Documents supporting all out-patient treatments shall be submitted to the TPA/ Company twice during the policy period, within thirty days of completion of six month period.</p> <p>For Critical Illness Claims</p> <p>Documents supporting the diagnosis shall be submitted to the Company within sixty days from the date of diagnosis of the critical illness.</p> <p>Claim Settlement</p> <p>i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.</p> <p>ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.</p> <p>However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.</p> <p>In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility – 2 hours from the time last necessary document is received by TPA</p> <p>ii. TAT for cashless final bill authorization – 2 hours from the time discharge bill is received by TPA</p>	Notification of claim for Reimbursement	Company/TPA must be informed:	In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Hospital	In the event of emergency hospitalisation	Within twenty four (24) hours of the Insured Person's admission to Hospital	Type of claim	Time limit for submission of documents to Company/TPA	Reimbursement of hospitalization, pre hospitalisation expenses and ambulance charges	Within fifteen days from date of discharge from hospital	Reimbursement of post hospitalisation expenses	Within fifteen days from completion of post hospitalisation treatment	Reimbursement of domiciliary hospitalisation expenses	Within fifteen days from issuance of fitness certificate	Reimbursement of anti-rabies vaccination and new born baby vaccination	Within fifteen days from date of vaccination	Reimbursement of expenses for infertility treatment	Within fifteen days of completion of treatment or fifteen days of expiry of policy period, whichever is earlier, once during the policy year	Reimbursement of health check up expenses (to be submitted to the office only)	Within six months of the fourth policy year.	<p>5.17.1</p> <p>5.17.3</p> <p>5.17.4</p> <p>5.17.3.1</p> <p>3.4.2</p> <p>3.4.3</p> <p>5.3</p>
Notification of claim for Reimbursement	Company/TPA must be informed:																						
In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Hospital																						
In the event of emergency hospitalisation	Within twenty four (24) hours of the Insured Person's admission to Hospital																						
Type of claim	Time limit for submission of documents to Company/TPA																						
Reimbursement of hospitalization, pre hospitalisation expenses and ambulance charges	Within fifteen days from date of discharge from hospital																						
Reimbursement of post hospitalisation expenses	Within fifteen days from completion of post hospitalisation treatment																						
Reimbursement of domiciliary hospitalisation expenses	Within fifteen days from issuance of fitness certificate																						
Reimbursement of anti-rabies vaccination and new born baby vaccination	Within fifteen days from date of vaccination																						
Reimbursement of expenses for infertility treatment	Within fifteen days of completion of treatment or fifteen days of expiry of policy period, whichever is earlier, once during the policy year																						
Reimbursement of health check up expenses (to be submitted to the office only)	Within six months of the fourth policy year.																						

		<p>Network Hospital Details: https://nationalinsurance.nic.co.in/en/health-insurance/city-wise-list-ppn-hospitals Helpline Number: 1800 345 0330 Downloading Claim form: https://nationalinsurance.nic.co.in/en/health-insurance</p>	
10.	Policy Servicing	<p>Toll free: 1800 345 0330</p> <p>Phone:0 Post:AURANGABAD DIVISION Hazari Chambers, Station Road, Aurangabad, Maharashtra,, - 431005</p>	
11.	Grievances/Complaints	<p>In case of any grievance the insured person may contact the company through Website: https://nationalinsurance.nic.co.in/en/grievance Toll free: 1800 345 0330 E-mail: customer.relations@nic.co.in Phone : (033) 6811 0000 Post: CRM Dept., National Insurance Co. Ltd., Premises No. 18-0374, Plot no. CBD-81, Rajarhat, New Town, Kolkata - 700156 Insurance Ombudsman – As per Appendix III attached to Policy.</p>	6
12.	Things to Remember	<p>Free Look Period You may cancel the insurance policy if you don't want it, within 15 days from the beginning of the policy. (Not applicable on renewals) If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ol style="list-style-type: none"> a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period. <p>Policy Renewal Except fraud, moral hazard or misrepresentation or noncooperation renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>Migration and Portability:</p> <ul style="list-style-type: none"> The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability <p>Change in Basic Sum Insured:</p> <ol style="list-style-type: none"> Basic Sum insured can be enhanced only at the time of renewal. For the incremental portion of the Basic Sum Insured, the Waiting Periods shall apply. Coverage on enhanced Basic Sum insured shall be available after the completion of Waiting Periods. <p>Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	<p>5.13</p> <p>5.8</p> <p>5.9</p> <p>5.10</p> <p>5.23</p> <p>5.4</p>
13.	Your Obligations	<ul style="list-style-type: none"> Please disclose all Pre-Existing Disease/s or condition/s before buying a Policy. Non-disclosure may affect the claim settlement. The policy shall be void and all premium paid thereon shall be forfeited to the 	5.1

		<p>Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder. "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.</p>	
--	--	---	--

Legal Disclaimer

The information above must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Insurance is the Subject matter of Solicitation