Date: 24/04/2026

Policy Number: 37507689202600
Customer ID: 2005089052

MR. THOKALA PRASHANTH
H NO 14-2-1 THOKALAPALLY R-O CHELPUR HUZURABAD TELANGANA 505122
JAMMIKUNTA,
JAMMIKUNTA,
KARIM NAGAR,
TELANGANA - 505122
Mobile: XXXXXX9147

Subject : Niva Bupa Health Insurance Policy No. 37507689202600

Dear MR. THOKALA PRASHANTH,

Thank you for choosing Niva Bupa as your preferred health insurance partner through portability. We wish to intimate you that your policy 65131730 of Care Health Insurance Company Limited and Date of Initiation 27/04/2023 has been ported as per Portability guidelines.

At Niva Bupa, we put your health first and are committed to provide you access to the very best of healthcare, backed by the highest standards of service.

Please find enclosed your Niva Bupa Policy Kit which will help you understand your policy in detail and give you more information on how to access our services easily. Your policy kit includes the following:

- Personalized Health Card: To access our wide range of hospitals for cashless hospitalization.
- Insurance Certificate: Confirming your specific policy details like date of commencement, persons covered and specific conditions related to your plan.
- Premium Receipt: Receipt issued for the premium paid by you.
- Policy Terms and Conditions: For a clear understanding of policy coverages and exclusions.
- Proposal form: This is a copy of the proposal form as per the information provided by you. Do inform us immediately in case there is any change in the details mentioned therein.
- Annexure of Policyholder Servicing Turnaround Times as prescribed by Insurance Regulatory and Development Authority of India (IRDAI)

Do visit us online at www.nivabupa.com to view and download our updated list of network hospitals in your city, download claim forms and for other useful information. You can register with us online using your policy number, date of birth & email id and access your policy details. In case of any further assistance, call us at 1860-500-8888 (customer helpline number) or raise a request using our self-service platform, Insta Assist by clicking: https://rules.nivabupa.com/customer-service/.

We request you to read your policy terms and conditions carefully so that you are fully aware of your policy benefits. For benefits related to section 80D, please consult your tax advisor.

Assuring you of our best services and wishing you and your loved ones good health always.

Yours Sincerely,

Chief Strategy Officer & Deputy Chief Operations Officer
For and on behalf of Niva Bupa Health Insurance Co. Ltd.
(Formerly known as Max Bupa Health Insurance Co. Ltd.)

Important - Please read this document and keep in a safe place.

Policyholder Servicing Turnaround Times as Prescribed by Insurance Regulatory and Development Authority of India (IRDAI)

POLICY SERVICING	Turnaround Time* (Calendar Days)
Processing of Proposal and Communication of decisions – from the date of receipt of proposal form	**7 Days**
Providing copy of the proposal – from the date of acceptance of risk	**15 Days**
Post Policy issue service requests – from the date of receipt of service request	**7 Days**
Proposal refund in case of cancellation – from the date of decision of the proposal	**7 Days**
Request for policy cancellation with free-look period– from the date of receipt of service request	**7 Days**

CLAIM SERVICING	Turnaround Time* (Calendar Days)
Settlement of Claims - From the date of submission of claim	**15 Days**

GRIEVANCE HANDLING	Turnaround Time* (Calendar Days)
Acknowledge a grievance – from the date of receipt of grievance	**Immediately**
Resolve a grievance– from the date of receipt of grievance	**14 Days**

*Turnaround time will start from the date of receipt of complete documents at Niva Bupa Health Insurance Company Ltd.

niva Bupa Health Insurance

Aspire Insurance Certificate

Policyholder Name: MR. THOKALA PRASHANTH
Policyholder Address: H NO 14-2-1 THOKALAPALLY R-O CHELPUR HUZURABAD TELANGANA 505122 JAMMIKUNTA, JAMMIKUNTA, KARIM NAGAR, TELANGANA - 505122

Policy Number	37507689202600
Policy Commencement Date and Time	From 27/04/2026 00:00
Policy Expiry Date and Time	To 26/04/2027 23:59
Base Sum Insured	INR 10,00,000
Variant Opted	Gold+
Plan Opted	Family Floater
Policy Period	1 Year
Renewal / Payment Due Date	26/04/2027
Reported claims in the policy since inception	0

Details of Electronic Insurance Account (eIA)

eIA Number	None
Insurance Repository Name	None

Details of Central Know Your Customer (CKYC)

CKYC Number	None

Cover Details

Name of the Insured Person(s)	Base Sum Insured (INR)	Sum Insured Safeguard+ (INR)	Booster+ Sum Insured (INR)	Sum Insured (Base Sum Insured + Sum Insured Safeguard+ +Booster+ Sum Insured) (INR)	M-iracle (Base M-iracle + Booster+ M-iracle) (INR)	Personal Accident opted	Cash-Bag Amount
Mr. Thokala Prashanth	10,00,000	0	0	10,00,000	12,000	10,00,000	0
Mrs. Nalla Akanksha						0	
Mr. Thokala Hayaansh Reddy						0	
Ms. Thokala Nishika Reddy						0	

Premium Details

Net Premium/Taxable Value (INR)	Integrated Goods and Service Tax (0.00 %)	Central Goods and Service Tax (0.00 %)	State/UT Goods and Service Tax (0.00 %)	Loading	Gross Premium (INR)	Gross Premium (INR) (in words)
16,979.00	0.00	0.00	0.00	0.00	16,979.00	Sixteen Thousand Nine Hundred Seventy-Nine Only

GST is exempted vide notification number 16/2025 - Central Tax (Rate), No. 16/2025 - Integrated Tax (Rate), No. 16/2025 - Union Territory Tax (Rate) all dated 17th September 2025

Pursuant to Notification no 13/2020 - Central Tax and Notification no 14/2020 - Central Tax both dated 21st March 2020 read with rule 54 (2) of CGST Rules 2017, the provisions of E Invoicing & QR code are not applicable to an Insurance company, hence E Invoice number and QR code has not been printed on this document. GST under RCM: NIL

Nominee Details

Nominee Name	Relationship with the Policyholder
Nalla Akanksha	Spouse

Intermediary Details

Intermediary Name	Intermediary Code	Intermediary Contact No.
Agency Fos	DRFOS00001	8605008888

Claim Administrator	Servicing Branch Details
Niva Bupa Health Insurance Company Limited Contact Details For Registering Borderless Claim: Europ Assistance 24*7 Emergency Contact For +91 22 6787 2092 Email ID: nivabupa@europ-assistance.in Niva Bupa Health Insurance Contact No: 1860-500-8888; Fax No.: 011- 30902010 Email ID: nivabupa@europ-assistance.in	Logix Infotech Park , Plot no D-5, Sector 59, Noida, Gautam Budh Nagar, Uttar Pradesh 201301

Optional Benefit/Feature Details

Particulars	Details
Hospital Cash	Not Opted
Safeguard+	Not Opted
Personal Accident	Yes, 10,00,000
Smart Health+ (Disease Management) (Add-on)	Not Opted
Smart Health+ (Acute Care) (Add-on)	Not Opted
Pre Existing Disease Waiting Time Modification	Not Opted
Co-payment	Not Opted
Room Type Modification	Not Opted
Annual Aggregate Deductible	Not Opted
Future Ready	Not Opted
Fast Forward (Add-on)	Not Applicable
Borderless	Not Opted
Cash-Bag	Not Opted
WellConsult (OPD)	Not Opted
Tiered Network	Not Opted

Product Benefit Table[1]

Expenses in Reaching Hospital	• Road Ambulance: Up to Sum Insured • Air Ambulance: Up to Sum Insured
Expenses During Hospitalization (Covers AYUSH)	Covered up to Sum Insured for 2+ hours of Hospitalization. (24+ hours for Ayush Treatment)
Modern Treatments	Covered up to Sum Insured.
Expenses Before and After a Hospitalization	Covered up to Sum Insured. 60 Days and 180 Days Respectively
Home Care/Domiciliary	Covered up to Sum Insured
Organ Donor	Covered up to Sum Insured
Annual Health Check-up (Only Cashless)	Covered for defined list of tests
ReAssureX	First claim paid triggers ReAssure "Forever". It is unlimited. Each Claim under ReAssure "Forever" will be up to Base Sum Insured.

Booster+	Carry forward unutilized sum Insured Maximum up to 3X times of Base Sum Insured
M-iracle	• Covered up to INR 12,000 Waiting Period of 48 Months Applicable. • Carry forward unutilized M-iracle. Sum Insured, maximum up to 3X times of M-iracle Sum Insured
Live Healthy	Up to 30% Discount on Renewal premium basic steps taken.
Second Medical Opinion	Unlimited times in a Policy Year (network only)
e-consultation	Unlimited e-consultation within our network

[1] The details of the benefits will change depending upon the plan opted. All the benefits are on per Policy Year basis, if otherwise not mentioned.

Insured Person Details

Name of the Insured Person (s)	Age (in Years)	Insured DOB	Gender	Relationship	Pre-existing Disease[#]	Personal Waiting Period[*]
Mr. Thokala Prashanth	32	16/09/1993	Male	Applicant	'SPECIFIC WAITING PERIODS (WAIVED)'30 DAY WAITING PERIOD (WAIVED)	None
Mrs. Nalla Akanksha	25	28/07/2000	Female	Spouse	'SPECIFIC WAITING PERIODS (WAIVED)'30 DAY WAITING PERIOD (WAIVED)	None
Mr. Thokala Hayaansh Reddy	0	27/06/2025	Male	Son	'SPECIFIC WAITING PERIODS (1 years)'30 DAY WAITING PERIOD (WAIVED)	None
Ms. Thokala Nishika Reddy	3	03/12/2022	Female	Daughter	'SPECIFIC WAITING PERIODS (WAIVED)'30 DAY WAITING PERIOD (WAIVED)	None

([#] -Pre existing Disease as disclosed by You / Insured Person or discovered by us during medical underwriting)
(* - Please refer to Policy terms & Conditions for details)

Permanent Exclusion (if any):

None

Pre-existing Disease with Portability Option carried from prior health insurance policy (From other insurer / Niva Bupa Health Insurance Company Limited)

A	B	C	D	E	F
Name of the Insured Person(s)	Pre Existing Disease[#]	Sum Insured limit carried over from previous insurance policy	Pre-existing Disease & Specific Waiting Periods for C[#]	Balance Sum Insured	Pre-existing Disease & Specific Waiting Periods for E[#]
Mr. Thokala Prashanth		40,00,000		0	
Mrs. Nalla Akanksha		40,00,000		0	
Mr. Thokala Hayaansh Reddy		40,00,000		0	
Ms. Thokala Nishika Reddy		40,00,000		0	

Personal Exclusions with Portability Option carried from prior health insurance policy with Niva Bupa Health Insurance Company Limited

A	B	C	D	E	F
Name of the Insured Person(s)	Personal Exclusions	Sum Insured limit carried over from previous insurance policy	Personal Waiting Periods for C*	Balance Sum Insured	Personal Waiting Periods for E*
Mr. Thokala Prashanth		NA	NA	NA	NA
Mrs. Nalla Akanksha		NA	NA	NA	NA
Mr. Thokala Hayaansh Reddy		NA	NA	NA	NA
Ms. Thokala Nishika Reddy		NA	NA	NA	NA

We reserve the right to modify or amend the terms and the applicability of the Portability Benefit in accordance with the provisions of the regulations and guidance issued by the Insurance Regulatory and Development Authority of India as amended from time to time

GSTI No.: 09AAFCM7916H1Z6	SAC Code / Type of Service : 997133 / General Insurance Services
Niva Bupa State Code: 9	Customer State Code / Customer GSTI No.: 36 /NA

Policy issuing office: Delhi, Consolidated Stamp Duty deposited as per the order of Government of National Capital Territory of Delhi.

Location: New Delhi
Date: 24/04/2026

Chief Strategy Officer & Deputy Chief Operations Officer
For and on behalf of Niva Bupa Health Insurance Company Limited
(formerly known as Max Bupa Health Insurance Co. Ltd.)

Premium Receipt - Aspire

Dear MR. THOKALA PRASHANTH
H NO 14-2-1 THOKALAPALLY R-O CHELPUR HUZURABAD
TELANGANA 505122 JAMMIKUNTA
JAMMIKUNTA
KARIM NAGAR
TELANGANA - 505122

We acknowledge the receipt of payment towards the premium of the following health insurance policy:

Policyholder Name	Mr. Thokala Prashanth			Policy Number	37507689202600
Product Name	Aspire	Plan Opted	Family Floater	Base Sum Insured	10,00,000
Policy Commencement Date#	27/04/2026			Policy Expiry Date	26/04/2027
Premium Calculation:					
Premium (Rs.) - Base Product				17,393.00	
Premium (Rs.) - Personal Accident Cover				890.00	
Zonal Discount (Rs.)				1,304.00	
Underwriting Loading (Rs.)				0.00	
Net Premium / Taxable value (Rs.)				16,979.00	
Integrated Goods and Service Tax (0.00 %)				0.00	
Central Goods and Service Tax (0.00 %)				0.00	
State/UT Goods and Service Tax (0.00 %)				0.00	
Gross Premium (Rs.)				16,979.00	

#Issuance of policy is subject to clearance of premium paid

Details of persons Insured:

Name of Person Insured	Age	Gender	Relationship**
Mr. Thokala Prashanth	32	Male	Applicant
Mrs. Nalla Akanksha	25	Female	Spouse
Mr. Thokala Hayaansh Reddy	0	Male	Son
Ms. Thokala Nishika Reddy	3	Female	Daughter

For the purpose of deduction under section 80D, the benefit shall be as per the provisions of the Income Tax Act,1961 and any amendments made thereafter. For your eligibility and deductions, please refer to provisions of Income Tax Act 1961 as modified and consult your tax consultant. In the event of non-realization of premium, tax benefits cannot be obtained against this premium receipt.

Upon issuance of this receipt, all previously issued temporary receipts, if any, related to this policy are considered null and void.

GSTI No.: 09AAFCM7916H1Z6	SAC Code / Type of Service : 997133 / General Insurance Services
Niva Bupa State Code: 9	Customer State Code / Customer GSTI No.: 36 /NA

Policy issuing office: Delhi, Consolidated Stamp Duty deposited as per the order of Government of National Capital Territory of Delhi.

Location: New Delhi
Date: 24/04/2026

Chief Strategy Officer & Deputy Chief Operations Officer
For and on behalf of Niva Bupa Health Insurance Company Limited
(formerly known as Max Bupa Health Insurance Co. Ltd.)

List of Un-recognized Hospitals

Sr. No.	State	City	Hospital	Address
1	Gujarat	Surat	Aakanksha Hospital	126, Aaradhnanagar Soc., B/H. Bhulkabhavan School, Aanand-Mahal Rd., Adajan, Surat
2	Gujarat	Surat	Abhinav Hospital	Harsh Apartment, Nr Jamna Nagar Bus Stop, God Dod Road Surat
3	Gujarat	Surat	Adhar Ortho Hospital	Dawer Chambers, Nr. Sub Jail, Ring Rd., Surat
4	Gujarat	Surat	Aris Care Hospital	A 223-224, Mansarovar Soc, 60 Feet ,Godadara Road, Surat
5	Gujarat	Surat	Arzoo Hospital	Opp. L.B. Cinema, Bhatar Rd., Surat
6	Gujarat	Surat	Auc Hospital	B-44 Gujarat Housing Board, Nandeshara
7	Gujarat	Surat	Dharamjivan General Hospital & Trauma Centre	Karmayogi - 1, Plot No. 20/21, Near Piyush Point, Pandesara
8	Gujarat	Surat	Dr. Santosh Basotia Hospital	Bhatar Road, Surat
9	Gujarat	Surat	Ghevariya Dental Clinic	202, M K Complex, Variya Compound, Hirabag Circal
10	Gujarat	Surat	God Father Hospital	344, Nandvan Soc., B/H. Matrushakti Soc., Puna Gam, Surat.
11	Gujarat	Surat	Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya, Kaji Medan, Gopipura, Surat
12	Gujarat	Surat	Hari Milan Hospital	L H Road
13	Gujarat	Surat	Jaldhi Ano-Rectal Hospital	103, Payal Apt., Nxt to Rander Zone Office, Tadwadi, Surat
14	Gujarat	Surat	Jeevan Path Gen. Hospital	2nd. Fl., Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan, Surat
15	Gujarat	Surat	Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udhna
16	Gujarat	Surat	Kanchan General Surgical Hospital	Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara Surat
17	Gujarat	Surat	Krishnavati General Hospital	Bamroli Road
18	Gujarat	Kutch	Mantra Orthopaedic Hospital Gandhidham (Kutch)	Dr. Bhavin N. Patel
19	Gujarat	Surat	Niramayam Hosptial & Prasutigruah	Shraddha Raw House, Near Natures Park
20	Gujarat	Surat	Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat
21	Gujarat	Surat	Poshia Children Hospital	Harekrishan Shoping Complex 1St Floor, Varachha Road, Surat
22	Gujarat	Surat	Prayosha Hospital	A-102/103, Shagun Residency, Puna Bombay Market Road, Puna, Surat, Gujarat
23	Gujarat	Surat	R.D Janseva Hospital	120 Feet Bamroli Road, Pandesara, Surat
24	Gujarat	Surat	Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp Hans Society,, L H Road, Varachha Road
25	Gujarat	Surat	Santosh Hospital	L H Road
26	Gujarat	Surat	Shaurya Hospital	Udhna, Surat

Sr. No.	State	City	Hospital	Address
27	Gujarat	Surat	Shikha General Hospital - Changed Name To Sai Hospital	14 – Umiya Nagar – 1, Navagam Dindoli Road, Udhna
28	Gujarat	Surat	Shishumangal Children Hospital	Surat
29	Gujarat	Surat	Shree Ramdev General & Surgical Hospital	248,Shiv Nagar G.I.D.C. Road,Nr:Udhna Citizen Co-Operative Bank,Pandasara
30	Gujarat	Surat	Shree Sai Hospital & Prasuti Gruh	14, Umiya Nagar-1, Navagam Dindoli Road, Udhna
31	Gujarat	Surat	Shreyans Anorectal & Daycare Hospital	5Th Floor, Opp. Ayurvedic Collage, Station Road, Surat
32	Gujarat	Surat	Shri Panchratna Hospital & Prasutugruah	Geetanagar, Near Dindoli Jakat Naka, Navagam, Udhna, Surat
33	Gujarat	Surat	Shubham General Hospital	2nd Floor, Nirmal Complex, Near Maruti Gaushala, Opp. Bhagwati Rus
34	Gujarat	Surat	Siddhi Clinic & Nursing Home	33- Nandanvan Apt., Naginawadi, Surat
35	Gujarat	Surat	Sparsh Multy Specality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank
36	Gujarat	Surat	Sree Uday Narayan General Hospital	193,Sukhi Nagar, Bamroli Road, Near New Bridge, Pandesara, Surat
37	Gujarat	Surat	Tripathi Chartiable Hospital	Geetanagar, Near Dindoli Jakat Naka, Navagam, Udhna, Surat
38	Gujarat	Ahmedabad	Umiya Medical & Surgical Hospital	2Nd Floor, Centre Plaza, Sattadhar Char Rasta, Sola Road
39	Gujarat	Surat	Varachha General Hospital	17-26, Samarth Park Near Archana School
40	Uttar Pradesh	Kushi Nagar	Aastha Multispecialty Hospital	Padrauna Road, Kushinagar, Up, Ph : 9598440966/9793196178
41	Maharashtra	Thane	Ashwini Nursing Home	Prashanti, Ground Floor, Agarkar Road, Dombivli East, Thane
42	Maharashtra	Thane	Asmita Nursing Home	Prashanti, Ground Floor, Agarkar Road, Dombivli East, Thane
43	Maharashtra	Thane	Balaji Nursing Home	Prashanti, Ground Floor, Agarkar Road, Dombivli East, Thane
44	Haryana	Rohtak	Channan Devi Memorial Hopital	Plot No.952, Ward No.23, Lal Chand Colony Chowk, Near Durga Mandir, Rohtak
45	Telangana	Hyderabad	Goodlife Hospitals	#1-7-309, Hanuman Nagar, Opp. Jaginis Foodland, Chaitanyapri X Roads, Dilskhnagar
46	Orissa	Dhenkanal	Jagannath Clinic & Nursing Home	Durgabazar, Nuahata, Kantabania, Banarpal
47	Uttar Pradesh	Allahabad	Jeevan Jyoti Hospital	162, Bai Ka Bagh, Lowther Road, Allahabad, UP
48	Tamilnadu	Mayiladuthurai	Krishna Hospital	No 8 Pattamangala Street Mayiladuthurai
49	Maharashtra	Mumbai	Mumtaz Nursing Home	3/299/3774, Opp. Choti Masjid, Tagore Nagar, Near Hariyali Police Chowki, Vikhroli (E), Mumbai-400083

Sr. No.	State	City	Hospital	Address
50	Telangana	Kesava Nagar Colony	Padmaja Hospital	# 17-1- 386/1/18 Kesava Nagar Colony Champapet Hyderabad
52	Telangana	Jeedimetla	Ram Hospitals	Shapur Nagar, Ida, Jeedimetla
53	Haryana	Gurgaon	Ramanarayan Hospital	Vill Bass Hariya P.O Bass Lambi Ggn-122503
54	Maharashtra	Mumbai	Royal Nursing Home	Plot No 7, Sector-1, Airoli,, Navi Mumbai-400708
55	Orrissa	Cuttak	Sabarmati General Hospital	Mahanadi Vihar
56	Uttar Pradesh	Meerut	Sahara Hospital	Ajanta Colony, Garh Road
57	Maharashtra	Mumbai	Sb Nursing Home	Powai
58	Uttar Pradesh	Meerut	Shagun Hospital	24 Tyagi Market Tej Garhi
59	Haryana	Gurgaon	Shri Balaji Hospital & Trauma Center	Gadoli, Pataudi Road, Gurgaon
60	Telangana	Hyderabad	Sri Sai Thirumala Hospitals	Kishan Kumar Complex, Durga Nagar, Karmanghat Main Road
61	Madhya Pradesh	Bhopal	Venus Hospital And Medical Research Centre	H. No-2,Pipal Square,Karond, Bhopal
62	Telangana	Vanasthali Puram	Vijaya Nursing Home	Near Double Road, Vanasthali Puram
63	Uttar Pradesh	Allahabad	Virendra Hospital	7 Stanley Road (Next To Mishra Bhavan)Civil Lines, Allahabad
64	Uttar Pradesh	Meerut	Yog Nursing Home	Near Tej Garhi, University Road

Note:

1.Claims whether Cashless or reimbursement pertaining to treatments taken at the above mentioned Hospitals shall not be entertained, processed or paid by Niva Bupa.

2.The above list is only for the purpose of admissibility of claims with respect to any health insurance policies of Niva Bupa Health Insurance Company Limited.

3.The above list is subject to be updated from time to time. For updated list please visit this site at www.nivabupa.com or call our customer care at 1860 500 8888.

Aspire

niva Bupa Health Insurance

Customer Information Sheet/ Know Your Policy

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

SL No.	Title	Description	Policy Clause Number
1	**Name of Insurance Product/ Policy**	Aspire - Gold+	
2	**Policy Number**	37507689202600	
3	**Type of Insurance Product/ Policy**	Both Indemnity and Benefit	
4	**Sum Insured**	**INR** 10,00,000	
5	**Policy Coverage**	**Expenses in Respect of:** Base Coverage: • Expenses in Reaching the Hospital: Road ambulance & Air Ambulance covered up to Sum Insured • Expenses during Hospitalization: Hospital admission for 2 hours or more • AYUSH Treatments are also covered if admitted for 24 hours or more in AYUSH Hospital • Modern treatments Up to Sum Insured. • All Day Care Treatments covered. • Pre & Post Hospitalization expenses of 60 days & 180 Days • Home Care/Domiciliary treatment covered up to Sum Insured. • Organ donor expenses covered up to Sum Insured • Annual Health Check-up can be availed from day 1 of the policy as per plan chosen by You	 4.1.1 4.1.2 4.1.2 4.1.2 4.1.2 4.1.3 4.1.4 4.1.5 4.1.6

		• ReAssureX - The first paid claim triggers ReAssure "Forever". Maximum amount this benefit pays for any for any single claim is up to Base Sum Insured.	4.1.8
		• **Booster+** - Carry forward unutilized sum Insured Maximum up to 3X times of Base Sum Insured	4.1.9
		• **M-iracle**: Miracle sum insured INR 12,000 Unutilized M-iracle Sum Insured carries forward	4.1.11
		• **Live Healthy -** discount on premium at renewal	4.1.12
		• **Second Medical opinion** - choose to take a second medical opinion. Unlimited times in a policy year.	4.1.13
		• **E-consultation -** Unlimited e-consultation with our partners.	4.1.13
		Optional Coverage:	
		• **Personal Accident** - INR 10,00,000	4.1.19
6	**Exclusion**	**Standard Exclusions** • Pre-existing Diseases (Code-Excl01) • Specified disease/procedure waiting period (Code-Excl02) • 30-day waiting period (Code- Excl03) • Investigation & Evaluation (Code-Excl04) • Rest Cure, rehabilitation and respite care (Code-Excl05) • Obesity/ Weight Control (Code-Excl06) • Cosmetic or plastic Surgery (Code-Excl08) • Hazardous or Adventure sports (Code-Excl09) • Breach of law (Code-Excl10) • Excluded Providers (Code-Excl11) • Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)	5

		• Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code-Excl13) • Refractive Error (Code-Excl15) • Unproven Treatments (Code-Excl16) **Specific Exclusions** • Personal Waiting Period- Conditions specified for an Insured Person under Personal Waiting Period will be subject to a Waiting Period of up to 48 months from the inception of the First Policy with Us • Conflict & Disaster- Treatment for any Injury or Illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism. • External Congenital Anomaly- Screening, counseling or treatment related to external Congenital Anomaly. • Dental treatment- All dental treatments other than due to accidents and cancers. • Unrecognized Physician or Hospital- ♦ Treatment or Medical Advice provided by a Medical Practitioner not recognized by the Medical Council of India or by Central Council of Indian Medicine or by Central council of Homeopathy. ♦ Treatment provided by anyone with the same residence as an Insured Person or who is a member of the Insured Person's immediate family or relatives. ♦ Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India. • Costs which are not Reasonable and Customary and treatments which are not Medically Necessary.	

		Refer Definition 2.1.36 for Reasonable and Customary Charges. • Artificial life maintenance for the Insured Person who has been declared brain dead or in vegetative state	
7	**Waiting period** • **Time period during which specified diseases/treatments are not covered.** • **It is counted from the beginning of the policy coverage.**	• **Initial Waiting Period (Excl03)** - 30 days for all illnesses (not applicable in case of continuous renewal or accidents) • **Specific Waiting Period** (Not applicable for claims arising due to an accident) (Excl02): 24 months for all of the following conditions ♦ Pancreatitis and stones in biliary and urinary system ♦ Cataract, glaucoma and retinal detachment ♦ Hyperplasia of prostate, hydrocele and spermatocele ♦ Prolapse uterus or cervix, endometriosis, Fibroids, Polycystic ovarian disease (PCOD), hysterectomy (unless necessitated by Malignancy) ♦ Hemorrhoids, fissure, fistula or abscess of anal and rectal region ♦ Hernia of any site or type, ♦ Osteoarthritis, joint replacement, osteoporosis, systemic connective tissue disorders, inflammatory polyarthropathies, Rheumatoid Arthritis, gout, intervertebral disc disorders, arthroscopic surgeries for ligament repair ♦ Varicose veins of lower extremities ♦ All internal or external benign neoplasms/ tumours, cyst, sinus, polyps, nodules, mass or lump ♦ Ulcer, erosion or varices of gastro intestinal tract ♦ Surgical treatment for diseases of middle ear and mastoid (including otitis media, cholesteatoma, perforation of tympanic	5.1.3 5.1.2

		membrane), Tonsils and adenoids, nasal septum and nasal sinuses	
		• **Pre-existing diseases (Excl01):** Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 Months of continuous coverage.	5.1.1
		• **Personal Waiting Period** - Conditions specified for an Insured Person under Personal Waiting Period will be subject to a Waiting Period of up to 48 months from the inception of the First Policy with US.	5.2.1
		• **M-iracle Waiting Period:** 48 Months	4.1.10
8	**Financial Limits of Coverage**		
	i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	**i. Sublimit** • **Room Type Capping:** Covered up to Sum Insured • **M-iracle:** The benefit Sum Insured 12,000 • **Personal Accident - INR** 10,00,000 sum insured	4.1.2 4.1.10 4.1.9
	ii. Co-Payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)	**ii. Co-payment -** Not Opted	4.1.16
	iii. Deductible (It is a specified amount up to which an insurance	iii. Annual Aggregate Deductible- Not Opted	4.1.14

	company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than specified amount)		
	iv. Any other limit (as applicable)		
9	**Claims/ Claims Procedure**	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. **Turn Around Time (TAT)** for claims settlement • TAT for pre-authorization of cashless facility- 1 Hour • TAT for cashless final bill authorization- grant final authorization within three hours of the receipt of discharge authorization request from the hospital. In case of delay, any additional amount charged by hospital, will be borne by us **Network Hospital Details-** https://rules.nivabupa.com/hospital-network/ **Helpline No**- 1860-500-8888 **Downloading/ getting claim form-** https://transactions.nivabupa.com/pages/downloads.aspx **Hospitals which are blacklisted or from where no claim will be accepted by insurer-** https://rules.nivabupa.com/doc/Exclude_List.pdf	6.2.4 5.2.5
10	**Policy Servicing**	• Call center no of Insurer- Contact No: 1860-500-8888 • Details of Company Officials-- Website: www.nivabupa.com Customer Services Department	6.1.8

		Niva Bupa Health Insurance Company Limited D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301 Self-service platform, Insta Assist https://rules.nivabupa.com/customer-service\	
11	**Grievances/Complaints**	Details of • Grievance Redressal Officer of the insurer Grievance Redressal Officer Niva Bupa Health Insurance Company Limited D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301 For details of grievance officer, kindly refer the link https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx • Insurance company grievance portal/ Department Website: www.nivabupa.com Customer Services Department Niva Bupa Health Insurance Company Limited D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301 Contact No: 1860-500-8888 Fax No.: 011-41743397 Self-service platform, Insta Assist https://rules.nivabupa.com/customer-service/ Senior citizens may write to us at at: seniorcitizensupport@nivabupa.com Insured person may also approach the grievance cell at any of the company's branches with the details of grievance	6.1.8

		• IRDAI/(IGMS/Call Centre): Email ID: www.igms.irdai.gov.in Ombudsman (Refer Annexure II of policy document for List of Insurance Ombudsmen)	
12	**Things to Remember**	• Free Look cancellation: The Free Look Period shall be applicable on individual health insurance policies and not on renewals. The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. In the event the policyholder disagrees to any of the policy terms or conditions, or otherwise and has not made any claim, he/she shall have the option to return the policy to the insurer for cancellation, stating the reasons for the same. Irrespective of the reasons mentioned, the policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.	6.1.1
		• **Policy renewal**: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.	6.1.3
		• **Migration and Portability**: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. You can contact Customer Service Department (details provided above) for migration and portability.	6.1.12 & 6.1.13
		• **Change in Sum Insured**: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.	6.2.3.c 6.1.10

		• **Moratorium Period**: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on the grounds of non-disclosure, misrepresentation, except on grounds of established fraud. The period of sixty continuous months is called as moratorium period. The moratorium will be applicable for the sims insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would applicable from the date of enhancement of sums insured only on the enhanced limits.	
13	**Your Obligations**	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of Information- The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder. (Explanation: "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)	6.1.14

Benefit Illustration

Benefit Illustration (5 Lac Sum Insured, Policy Term 1 year)

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or Consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)
			Illustration 1							
18	8,047.67	5,00,000	8,047.67	804.77	7,242.90	5,00,000	8,047.67	15,069.86	23,460.01	5,00,000
21	8,047.67	5,00,000	8,047.67	804.77	7,242.90	5,00,000	8,047.67			
39	10,432.59	5,00,000	10,432.59	1,043.26	9,389.33	5,00,000	10,432.59			
45	12,001.94	5,00,000	12,001.94	1,200.19	10,801.75	5,00,000	12,001.94			
Total premium for all members of the family is **Rs. 38,529.87**, when each member is covered separately. Sum Insured available for each individual is **Rs. 500,000.**			Total premium for all members of the family is **Rs. 34,676.88**, when they are covered under a single policy. Sum Insured available for each family member is **Rs. 500,000.**				Total premium when the policy is opted on floater basis is **Rs. 23,460.01.** Sum Insured of **Rs. 500,000** is available for the entire family.			
			Illustration 2							
55	19,984.70	5,00,000	19,984.70	1,998.47	17,986.23	5,00,000	19,984.70	9,545.14	45,133.23	5,00,000
63	34,693.67	5,00,000	34,693.67	3,469.37	31,224.30	5,00,000	34,693.67			
Total premium for all members of the family is **Rs. 54,678.37**, when each member is covered separately. Sum Insured available for each individual is **Rs. 500,000**.			Total premium for all members of the family is **Rs. 49,210.53**, when they are covered under a single policy. Sum Insured available for each family member is **Rs. 500,000.**				Total premium when the policy is opted on floater basis is **Rs. 45,133.23.** Sum Insured of **Rs. 500,000** is available for the entire family.			
			Illustration 3							
65	34,693.67	5,00,000	34,693.67	3,469.37	31,224.30	5,00,000	34,693.67	21,464.61	57,193.00	5,00,000
70	43,963.95	5,00,000	43,963.95	4,396.39	39,567.55	5,00,000	43,963.95			
Total premium for all members of the family is **Rs. 78,657.61,** when each member is covered separately. Sum Insured available for each individual is **Rs.500,000.**			Total premium for all members of the family is **Rs. 70,791.85,** when they are covered under a single policy. Sum Insured available for each family member is **Rs.500,000**.				Total premium when the policy is opted on floater basis is **Rs. 57,193.00.** Sum Insured of **Rs.500,000** is available for the entire family.			

Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.

Premium is considered for Gold+ Variant and Zone 1

Aspire
Policy Wordings

1. **Preamble**

You are a global citizen and the world is your playground. This Policy covers Allopathic treatments **anywhere in the world.**

AYUSH treatments are covered in India only. After all, the world comes to us for the best of AYUSH.

2. **Definitions**

It is IMPORTANT You should go through the definition of some words used in the policy. Definition of these may vary from the common understanding and colloquial meaning. If a word is not specifically defined in the following section, it's common meaning will apply.

2.1. **Standard Definitions:**

2.1.1. **Accident** or **Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2.1.2. **AYUSH Hospital** is a healthcare facility wherein medical / surgical / para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a. Central or state government AYUSH Hospital; or

b. Teaching Hospital attached to AYUSH college recognized by the Central Government / Central Council of Indian Medicine / Central Council of Homeopathy; or

c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

i. Having at least five in-patient beds;

ii. Having qualified AYUSH Medical Practitioner in charge round the clock;

iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

AYUSH Hospitals referred above shall also obtain either pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).

2.1.3. AYUSH Treatment refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems.

2.1.4. Break in Policy means the period of gap that occurs at the end of the existing policy term/instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period

2.1.4.2.1.5.

2.1.6. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.

2.1.7. **Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a. Internal Congenital Anomaly: Congenital Anomaly which is not in the visible and accessible parts of the body.

b. External Congenital Anomaly: Congenital Anomaly which is in the visible and accessible parts of the body.

2.1.8. **Co-payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

2.1.9. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

2.1.10. **Day Care Centre** means any institution established for Day Care Treatment of Illness and/or Injuries or a medical set-up with a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criterion as under:

a. has Qualified Nursing staff under its employment;

b. has qualified Medical Practitioner(s) in charge;

c. has a fully equipped operation theatre of its own where Surgical Procedures are carried out;

d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

2.1.11. **Day Care Treatment** refers to medical treatment, and/or Surgical Procedure which is:

a. undertaken under General or Local Anaesthesia in a Hospital/Day Care Centre in less than 24 hrs because of technological advancement, and

b. which would have otherwise required a Hospitalization of more than 24 hours.

Treatment normally taken on an out patient basis is not included in the scope of this definition.

2.1.12. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

2.1.13. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and Surgery.

2.1.14. **Domiciliary Hospitalization** means medical treatment for an Illness/disease/Injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

a. the condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or

b. the patient takes treatment at home on account of non availability of room in a Hospital.

2.1.15. **Emergency care** means management for an Illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

2.1.16. **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

2.1.17. **Hospital** means any institution established for Inpatient Care and Day Care Treatment of Illness and / or Injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

a. has Qualified Nursing staff under its employment round the clock;

b. has at least 10 Inpatient beds in towns having a population of less than 10,00,000 and at least 15 Inpatient beds in all other places;

c. has qualified Medical Practitioner(s) in charge round the clock;

d. has a fully equipped operation theatre of its own where Surgical Procedures are carried out;

e. maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.

2.1.18. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

2.1.19. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests

b. it needs ongoing or long-term control or relief of symptoms

c. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it

d. it continues indefinitely

e. it recurs or is likely to recur

2.1.20. **Injury** means Accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

2.1.21. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

2.1.22. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerable more sophisticated and intensive than in the ordinary and other wards.

2.1.23. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

2.1.24. **Maternity Expenses shall include:**

a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization)

b. Expenses towards lawful medical termination of pregnancy during Policy Period.

2.1.25. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

2.1.26. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.

2.1.27. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence.

2.1.28. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

a. is required for the medical management of the Illness or Injury suffered by the insured;

b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

c. must have been prescribed by a Medical Practitioner;

d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

2.1.29. **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credit gained for pre-existing conditions and specific waiting periods from one health insurance policy to another with the same insurer.

2.1.30. **Network Provider** means Hospital enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a Cashless Facility.

2.1.31. **New Born Baby** means baby born during the policy period and is aged up to 90 days.

2.1.32. **Non-Network Provider** means any Hospital, Day Care Centre or other provider that is not part of the network.

2.1.33. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication

2.1.34. **OPD Treatment** means the one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or In-patient.

2.1.35. **Pre-existing Disease** means any condition, ailment, injury or disease

a. That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer, or

b. For which medical advice or treatment was recommended by, or received from, a physician , not more than 36 months prior to the date of commencement of the policy.

2.1.36. **Pre-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and

b. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

2.1.37. **Post-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital, provided that:

a. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalization was required, and

b. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

2.1.38. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing disease and specific waiting periods from one insurer to another.

2.1.39. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.

2.1.40. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time bound exclusions and for all Waiting Periods.

2.1.41. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

2.1.42. **Surgery** or **Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.

2.1.43. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven

2.2. **Specific Definitions**

2.2.1. **Base Sum Insured** means the coverage amount for which the premium is computed and charged for this policy.

2.2.2. **Biological mother** means a woman whose ovum was fertilized and became a foetus.

2.2.3. **Partner Network** means Hospital, Diagnostic Centers, Clinics, Doctors, Health Care Workers, empanelled by the Insurer and/or by a consolidated organization to provide health related medical services.

2.2.4. **Insured Person** is the one for whom the company has received full premium (including additional premium if any), completed the risk assessment and issued the policy. The names of the Insured persons covered in the policy are specified in the policy document, who are also referred as You/Your/Policyholder in this policy.

2.2.5. **Policy Year** means the period of one year from the date of commencement of the policy.

3. **Sum Insured(s)**

The product offers you so much more! More benefits, More options and More Sum Insured. Sum Insured will be utilized as per following sequence in event of any claim:

1. Base Sum Insured
2. Booster+ Sum Insured
3. Safeguard/Safeguard+ Sum Insured
4. ReAssure+/ReAssureX

4. **Benefits available under the policy.**
Different benefits have different limits or Sum Insured. A limit or Sum Insured is our maximum liability (basically this is the maximum claim we will pay) under the benefit. These limits & Sum Insured will be mentioned in your Policy Schedule.

4.1.1. **Expenses in reaching a Hospital**

a. **Road Ambulance:** We will pay you up to Base Sum Insured

b. **Air Ambulance:** Only in case of Emergency. We will pay up to Base Sum Insured.

Note: This will be paid only if claim for hospitalization is paid by us. You must always use a registered ambulance / air ambulance provider.

4.1.2. **Expenses during Hospitalization**

a. We will pay the expenses incurred by you on treatment (Naturally this excludes expenses not linked to treatment like food, beverage, toiletries and cosmetics). We don't limit your choice. Choose the room you like, but choose judiciously to protect your Sum Insured.

- Hospitalized for **2 hours or more** (minimum 24 hours for AYUSH treatment in a AYUSH Hospital). This means that **all Day Care Treatments** will also be covered.

Note:

- **We will NOT pay, even if you were Hospitalized, if there was no treatment and only investigations were done. Examples: MRI, CT Scan, Endoscopy, Colonoscopy etc.**
- **We will NOT pay for Automation machine for peritoneal dialysis**
- **We will pay for Invasive Angiography even though it is an investigation. But we will not pay for non-invasive angiography like CT angiogram.**

b. We pay for **Modern treatments**, up to Base Sum Insured for the list as specified below:

1. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)	2. Immunotherapy- Monoclonal Antibody to be given as injection	3. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)	4. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
5. Balloon Sinuplasty	6. Oral Chemotherapy	7. Robotic surgeries	8. Stereotactic radio Surgeries
9. Deep Brain stimulation	10. Intra vitreal injections	11. Bronchical Thermoplasty	12. IONM - (Intra Operative Neuro Monitoring)

4.1.3. **Expenses** before and after hospitalization **(Pre & Post hospitalization)**

We will pay expenses incurred on consultations, medicines, physiotherapy, diagnostic tests for **60 days before** the date of admission and **180 days after** date of discharge **IF these are related** to the condition for which hospitalization claim is paid.

4.1.4. **Home Care / Domiciliary Treatment**

Home Care Treatment means treatment availed by the insured person at home which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

a. The medical practitioner advices the insured person to undergo treatment at home

b. There is continuous active line of treatment with monitoring of health status by a medical practitioner for each day through the duration of the home care treatment

c. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained

Note:

- We will pay for Pre & Post hospitalization benefit as per section 4.1.3 for Home Care / Domiciliary Treatment.
- **We pay for peritoneal dialysis, Chemotherapy taken at home.**
- **We do NOT pay for any Medical & ambulatory devices used at home** (like Pulse Oxymeter, BP monitors, Sugar monitors, automation device for peritoneal dialysis, CPAP, BiPAP, Crutches, wheel chair etc.)

4.1.5. **Organ donor**

If you ever undergo an organ transplant, we will pay the hospitalization expenses of the donor for harvesting the organ, **ONLY** when your **Hospitalization** claim is paid.

If you donate any of your organs, we will pay for the expenses for harvesting the organ from you. We respect this noble deed. Remember, **organ donation saves many lives.**

4.1.6. **Annual Health Checkup**

Available once every Policy Year, from day 1 of the policy. You can choose any test(s) from the list specified below. The tests MUST be booked through digital assets (e.g. Mobile App). This benefit is available ONLY on cashless basis and no reimbursement is allowed.

List of tests covered:		
Complete blood count (CBC)	Complete Physical Examination by Physician	Serum Electrolytes
Urine Routine & Microscopic	Post prandial/lunch blood sugar (PPBS / PLBS)	HbA1C
Erythrocyte Sedimentation Rate (ESR)	Uric Acid	Thyroid function test
Fasting Blood sugar (FBS)	Lipid Profile	Liver Function Test (LFT)
Electrocardiogram (ECG)	Kidney function test	Treadmill test (TMT) OR 2 D ECHO
X Ray chest	Serum Vitamin D	Ultrasound test (USG)
Mammogram	Colonoscopy (for >50 year olds)	Serum calcium
PAP smear		

Note:

If you undergo multiple tests, make sure that all these are done within 7 days.

4.1.7. **ReAssure+**

4.1.7.1. **ReAssure "Forever":** Enjoy unlimited Sum Insured. The first paid claim in the life of the policy triggers ReAssure "Forever". Once Triggered it stays for life, provided that the policy is renewed without break.

Note:

a. Maximum amount ReAssure+ pays for any single claim is up to Base Sum Insured.

b. We will consider a claim, if it is paid under the following: **Expenses in reaching a Hospital, Expenses during Hospitalization, Expenses before and after hospitalization, Home Care / Domiciliary Treatment, Organ Donor, Borderless.**

c. Expenses in reaching a Hospital and Expenses before and after hospitalization for the 1st ever hospitalization will be treated as the 1st claim itself.

Illustration:

Year 1: Once the Policy is bought.

Base Sum Insured	1st paid Claim		Balance Base Sum Insured	2nd payable claim	Claim amount paid	Balance Base Sum Insured	3rd Payable claim	Claim amount paid
10 Lakh	7 Lakh	ReAssure+ is triggered (Equal to Base Sum Insured)	3 Lakh	12 Lakh	12 Lakh (3 Lakh from Base Sum Insured and 9 Lakh from **ReAssure+**	Nil	11 Lakh	10 Lakh from **ReAssure+**

Year 2: Once the policy is renewed:

Base Sum Insured	ReAssure+ is already triggered	1st Claim Paid	Balance Base Sum Insured	2nd payable claim	Claim amount paid	Balance Base Sum Insured	3rd Payable claim	Claim amount paid
10 Lakh	10 Lakh	15 Lakh	Nil	12 Lakh	10 Lakh	Nil	10 Lakh	10 Lakh from **ReAssure+** (this 10 Lakh will trigger unlimited times)
		10 Lakhs from Base Sum Insured and 5 Lakhs from ReAssure+			**ReAssure+**		**ReAssure+**	

4.1.7.2. **Lock the Clock:** Your age is locked at entry when you buy the policy, till a claim is paid.

E.g. if you buy the policy at 25 years, you will keep paying the premium applicable for 25-year-old at each renewal, till a claim is paid in the policy. Post the claim is paid, the premium charged will be as per your current age and will continue to change as per the age slabs at each renewal.

4.1.7.3. **Lock the Clock+:** Your age is locked at entry when you buy the policy, till a claim is paid. Even if a claim is paid for the M-iracle benefit, the age lock will not break.

E.g. if you buy the policy at 25 years, you will keep paying the premium applicable for a 25 year old at each renewal, till a claim is paid in the policy. Even if a claim is paid under the M-iracle benefit (provided that no other claim is paid) you will keep paying the premium applicable for 25 year old at each renewal.

If any other claim is paid, then the premium charged will be as per your current age and will continue to change as per the age slabs at each renewal.

Note (Lock the Clock & Lock the Clock+)

b) In case of multi tenure policies, the premium for the entire tenure will be charged as per the entry age. No additional premium will be charged In the middle of the tenure in case of claims.

At the time of renewal (in case of a claim), the premium will be charged as per the current age of the consumer at renewal.

c) If you add a member to the floater plan, then the premiums will be charged as per the entry age of the eldest member and will lock the premium at that age, till a claim is paid.

d) If you add a member to an individual plan and convert it into a Floater plan, then the premiums will be charged as per the entry

age of the eldest member and will lock the premium at that age, till a claim is paid.

e) If the eldest member is no longer part of the Floater plan, then the Floater premium will be calculated as per the original entry age of the eldest member in the policy amongst the remaining members and lock at that age, till a claim is paid.

f) If a floater plan, splits into multiple policies, then we will carry forward the locked age at which the floater policies were taken by individuals (as per the claim history) in the policies carried forward, till a claim is paid.

g) In a multi individual policy, the age will unlock only for the individuals who claim.

h) In a floater policy, if a claim is paid for anyone in the plan then we will unlock the age for the entire policy.

i) We will consider a claim, if a claim is paid under the following: **Expenses in reaching a Hospital, Expenses during Hospitalization, Expenses before and after hospitalization, Home Care / Domiciliary Treatment, Organ Donor, Borderless, M-iracle.**

j) **Claim paid under the M-iracle benefit will not impact Lock the Clock +**

4.1.8. **ReAssureX**

Enjoy unlimited Sum Insured. The first paid claim in the life of the policy triggers ReAssure "Forever". Once Triggered it stays for life, provided that the Policy is renewed without break.

Note:

a. **Maximum amount ReAssureX pays for any single claim is up to Base Sum Insured.**

b. We will consider a claim, if it is paid under the following: **Expenses in reaching a Hospital, Expenses during Hospitalization, Expenses before and after hospitalization, Home Care / Domiciliary Treatment, Organ Donor, Borderless.**

c. Expenses in reaching a Hospital and Expenses before and after hospitalization for the 1st ever hospitalization will be treated as the 1st claim itself.

Illustration:

Year 1: Once the Policy is bought.

Base Sum Insured	1st paid Claim		Balance Base Sum Insured	2nd payable claim	Claim amount paid	Balance Base Sum Insured	3rd Payable claim	Claim amount paid
10 Lakh	7 Lakh	**ReAssureX is triggered (Equal to Base Sum Insured)**	3 Lakh	12 Lakh	12 Lakh (3 Lakh from Base Sum Insured and 9 Lakh from **ReAssureX**	Nil	11 Lakh	10 Lakh from **ReAssureX**

Year 2: Once the policy is renewed:

Base Sum Insured	ReAssureX Sum Insured	1st Claim Paid	Balance Base Sum Insured	2nd payable claim	Claim amount paid	Balance Base Sum Insured	3rd Payable claim	Claim amount paid
10 Lakh	10 Lakh	15 Lakh	Nil	12 Lakh	10 Lakh	Nil	10 Lakh	10 Lakh from **ReAssureX** (this 10 Lakh will trigger unlimited times)
		10 Lakhs from Base Sum Insured and 5 Lakhs from ReAssureX			**ReAssureX**		**ReAssureX**	

Either ReAssure+ or ReAssureX can be offered in a single policy.

4.1.9. **Booster+**

Don't lose what you don't use.

Unutilized Base Sum Insured carries forward. Maximum it will accumulate up to 10 times of the Base Sum Insured, based on variant chosen and your entry age into this plan.

Example: If you are 25-year-old at the time of buying the policy and have opted for Titanium+ Variant of 10 Lakh base sum insured, then at the end of 10 years (if no claim is paid in these years) you will have INR **1.10 Crore Sum Insured (that is INR 10 Lakh base + INR 1 Crore Booster+).**

Don't forget that you would have the Safeguard / Safeguard+ (this is a great benefit. You must choose it) and ReAssure "Forever" (in case of claim) over and above the INR 1.10 Crore.

That's 11 times more sum insured than what you paid for.

Note:

a) If you convert an Individual Sum Insured policy in any manner, into a floater plan, then the least of the Booster+ Sum Insured of individual insured members will be carried forward to the floater plan.

b) If a floater plan, splits into multiple policies, then the Booster+ Sum Insured of floater plan will be carried forward to the split policies, provided the Base Sum Insured is not reduced.

c) If you reduce the Base Sum Insured, Booster+ Sum Insured will be proportionately reduced. Let's say if you reduce the current INR 10 lakh Sum Insured to INR 5 lakh, your Booster+ Sum Insured will be halved.

d) You can and should regularly increase Sum Insured of your Health insurance policy. Medical inflation is a reality and current Sum Insured will fall short in future for advanced treatments. When you enhance your Sum Insured, the accumulated Booster+ Sum Insured will continue and grow even more (remember Booster+ is up to maximum 10 times (based on the entry age and plan you have chosen) of the Base Sum Insured. Higher the Base Sum insured higher the Booster+ Sum Insured.

4.1.10. **M-iracle**

Celebrating Parenthood!

A baby adds new meaning to life, new meaning to family. All that goes in to planning for, welcoming and bringing up the little ones are the most beautiful times in life.

- Antenatal check-ups. Those Gynecologist consultations, Sonograms, blood and other tests You would need
- Vaccines for the expecting mother
- Delivery. Normal or Caesarian section

- Surrogacy & Delivery by surrogate mother
- Assisted reproduction like In vitro fertilization (IVF), Gamete intrafallopian transfer (GIFT), Zygote intrafallopian transfer (ZIFT), Intracytoplasmic Sperm Injection (ICSI)
- (Medical) termination of pregnancy
- Treatment for infertility
- Charges for legally adopting a child.

  Note: The maximum charges per adoption is fixed by central adoption resource authority (CARA) and we will pay that.
- Up to INR 10,000 will be paid for tests conducted on the child, at the time of adoption. These will be paid post the child is legally adopted.
- The New Born will be covered from Day 1 in the policy. (Excl 5.2.3 will not apply for New Born Babies added)

We know You want to give the baby the best the world can offer. You have made so many plans. We understand that. Your M-iracle Sum Insured too works like **Booster+.** Unutilized part of Your M-iracle Sum Insured carries forward. The maximum You can accumulate depends on the age when you first purchased this Policy and the Plan chosen. Earlier the better.

Example: If you are 25-year-old at the time of buying the policy and have opted for Titanium+ Variant of 20 Lakh base sum insured, then at the end of 10 years (if no claim is paid under the M-iracle benefit in these years) you will have **INR 2.2 Lakh sum insured (that is INR 20,000 M-iracle Base Sum Insured + INR 2 Lakh "M-iracle Booster+).**

Don't forget that this is over and above your Base Sum Insured, Booster+ on Base Sum Insured and ReAssure+/ReAssureX.

Note:

- M-iracle Sum Insured and Waiting Period is as per the Variant you have chosen
- Ectopic pregnancy is covered under the Hospitalization benefit.
- The **Biological mother MUST be insured** under the policy except when a child is born through Surrogacy or is legally adopted.
- This benefit is applicable only in India.
- All complications related to Maternity will be paid from M-iracle Sum Insured only.
- Vaccines that will be covered are Tdap (Tetanus, Diphtheria, Pertussis), Td (Tetanus, Diphtheria), Flu Shot, Hepatitis A, Hepatitis B.

Note: You can add your spouse in to the running policy if you get married after purchase of this policy. However, if you are already married, you can add Your spouse **ONLY** at renewal.

4.1.11. **Live Healthy**

Simply walk and earn up to 30% discount at renewal, by downloading the recommended mobile App and get your **Health points.** 1000 steps will help you earn one health point!

Note: Discount is on the individual's premium in Individual plan and on Floater Policy Premium in Floater plans. Discount will be considered only for Insured's 18 years and above.

Renewal discount is computed based on the health score on 90 days before the due date of renewal. These points are not lost and will be considered for the next policy year.

Policy Period: 1 year

Policy Start Date	End of 9 months	Points at the end of 9 months (A) This will be considered for discount on the first renewal.	Points in next 3 months (B)	Total points considered for discount (A + B) from 2nd Policy Period onwards	Discount on renewal premium (Renewal policy start date 1st April 2024) NOTE: Discount applicable on the member's premium in Individual sum insured policies and on the Policy premium in case of Floater	
					Individual sum insured policy and Floater policies with 1 Adult	Floater policies with more than 1 Adult
1 April 2023	31st December 2023	Up to 1500			0%	0%
		1501 –2250			5%	2.5%
		2251 – 3000			15%	7.5%
		3001 – 3750			20%	10%
		>=3751			30%	15%

Policy Period: 2 years

Policy Start Date	End of 21 months	Points at the end of 21 months (A) This will be considered for discount on the first renewal.	Points in next 3 months (B)	Total points considered for discount (A + B) from 2nd Policy Period onwards	Discount on renewal premium (Renewal policy start date 1st April 2025) NOTE: Discount applicable on the member's premium in Individual sum insured policies and on the Policy premium in case of Floater	
					Individual sum insured policy and Floater policies with 1 Adult	Floater policies with more than 1 Adult
1 April 2023	31st December 2024	Up to 3000			0%	0%
		3001 – 4500			5%	2.5%
		4501 – 6000			15%	7.5%
		6001 – 7500			20%	10%
		>=7501			30%	15%

Policy Period: 3 years

Policy Start Date	End of 33 months	Points at the end of 33 months (A) This will be considered for discount on the first renewal.	Points in next 3 months (B)	Total points considered for discount (A + B) from 2nd Policy Period onwards	Discount on renewal premium (Renewal policy start date 1st April 2026) NOTE: Discount applicable on the member's premium in Individual sum insured policies and on the Policy premium in case of Floater	
					Individual sum insured policy and Floater policies with 1 Adult	Floater policies with more than 1 Adult
1 April 2023	31st December 2025	Up to 4500			0%	0%
		4501 – 6750			5%	2.5%
		6751 – 9000			15%	7.5%
		9001 – 11250			20%	10%
		>=11251			30%	15%

4.1.12. **Second Medical Opinion**

Unlimited times in a Policy year, you can choose to take a second medical opinion from any Medical Practitioner for which we have paid a claim under expenses during hospitalization. Through our partners we can help you get a second opinion from some of the most reputed doctors in the country.

4.1.13. **e-consultation**

You can take **unlimited** e-consultations from our Partner Network.

Optional Benefit:

4.1.14. **Annual Aggregate Deductible**

This is an aggregate amount in a year that is incurred by you on Expenses in reaching a Hospital, Expenses during Hospitalization, Expenses before and after hospitalization, Home Care / Domiciliary Treatment, Organ Donor, which we will **NOT** pay. Once the total expense exceeds this amount, balance we will pay.

Note:

a. Deductible amount borne by you should also be payable as per policy terms and conditions.

b. Deductible will NOT apply to M-iracle, Cash-Bag, WellConsult (OPD), Annual Health Check-up, Live Healthy, Second Medical Opinion, e-consultation, Personal Accident, Hospital Daily Cash, Borderless benefits.

4.1.15. **Hospital Cash:**

We will pay for an Insured, an additional fixed amount for each day's hospitalization for maximum up to 30 days. One day is considered as 24 continuous hours of hospitalization.

4.1.16. **Co-Payment:**

It is the percentage of admissible claim amount You would have to bear for every claim, Rest we will pay.

Note: Co-payment will NOT apply to M-iracle, Cash-Bag, WellConsult (OPD), Annual Health Check-up, Live Healthy, Second Medical Opinion, e-consultation, Personal Accident, Hospital Daily Cash, Borderless benefits.

Note: Co-Payment & Annual Aggregate Deductible cannot be opted together.

4.1.17. **Pre-Existing Disease Waiting Time Modification**

You can choose to reduce or increase the Pre-Existing Disease waiting time.

Note: This can only available at the time of buying the policy and cannot be opted/modified/removed at renewal

4.1.18. **Room Type Modification**

You can as per your lifestyle, choose to change the room category we are offering, and opt for what suits you best!

You can choose between a Standard Single Room and a Shared Room up to Sum Insured. Irrespective of the Room type you choose, ICU admission will always be paid up to Sum Insured.

Note: You will have to bear additional co-payment IF treatment is taken in a higher room category than the eligible room category

Category Available in the Base Plan	Category Claimed for	Co-Payment Percentage
Shared Room	Standard Single Room	10%
Shared Room	Deluxe/Suite Room	25%
Standard Single Room	Deluxe/Suite Room	15%

4.1.19. Personal Accident

4.1.19.1. **Accidental Death (AD)**

In event of unfortunate demise of the insured within 365 days from the date of the Accident, within the Policy Period, we will pay the Sum Insured.

The Personal accident benefit will terminate after the Accidental Death benefit is paid for.

4.1.19.2. **Permanent Total Disability**

If the Insured Person suffers Permanent Total Disability, within 365 days from the date of the Accident, within the Policy Period, we will pay the benefit as per the below Table:

Condition for Permanent Total Disability	% of Accidental Death Sum Insured
Complete & Irrecoverable loss of : • Any 2 Limbs • Sight of both eyes • Speech & hearing of both Ears • Combination of One Limb & Sight of One Eye	125%
Complete & Irrecoverable loss of : • 1 Limb • Sight of 1 Eye	50%

c. Complete & Irrecoverable loss of limb means physical separation or complete loss of functionality of the limb, within 365 days from the date of the Accident. This will include Paralysis including Paraplegia, Quadriplegia with loss of functional use of limb.

The Personal accident benefit will terminate after the Permanent Total Disability benefit is paid for.

4.1.19.3. **Permanent Partial Disability**

If the Insured Person suffers a Permanent Partial Disability, within 365 days from the date of the Accident, within the Policy Period, we will pay the benefit as per the below Table.

Condition for Permanent Partial Disability	% of Accidental Death Sum Insured
Each arm at the shoulder joint	70%
Each arm to a point above elbow joint	65%
Each arm below elbow joint	50%
Each hand at the wrist	50%
Each Thumb	20%
Each Index Finger	10%
Each other Finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
Each foot at the ankle	40%
Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%

a. If a Permanent Partial Disability loss is not mentioned in the table above, then we will internally assess the degree of disablement and determine the amount of payment to be made.

b. If there is more than one Permanent Partial Disability loss, then the total claim amount put together for all losses will not exceed the total Accidental Death Sum Insured opted. Once Total Sum Insured is paid, the policy will lapse.

4.1.20. **Safeguard**

4.1.20.1.1. **Claim Safeguard:** We will cover non-payable items mentioned in **'List I – Expenses not covered' of Annexure I'.** Clause 2.1.37 for Reasonable and Customary Charges will still apply.

4.1.20.1.2. **Booster+ Safeguard:** Booster+ will not be impacted if the total claim in a policy year is up to INR 50,000

4.1.20.1.3. **Sum Insured Safeguard:** Preserves the value of Sum Insured. Safeguards it against inflation. We will increase the Base Sum Insured on cumulative basis at each renewal by the rate of inflation in the previous year. Inflation rate would be the average consumer price index (CPI) of the entire calendar year published by the Central Statistical Organization (CSO).

Note: You will lose all accumulated Sum Insured Safeguard if you opt out of this benefit at any point in time.

4.1.21. **Safeguard+**

4.1.21.1. **Claim Safeguard+:** We will cover non-payable items mentioned in 'List I,II,III,IV of **Annexure I'**. Clause 2.1.37 for Reasonable and Customary Charges will still apply.

4.1.21.2. **Booster+ Safeguard+:** Booster+ will not be impacted if the total claim in a policy year is up to INR 1,00,000.

4.1.21.3. **Sum Insured Safeguard+:** Preserves the value of Sum Insured. Safeguards it against inflation. We will increase the Base Sum Insured on cumulative basis at each renewal by the rate of inflation in the previous year. Inflation rate would be the average consumer price index (CPI) of the entire calendar year published by the Central Statistical Organization (CSO).

Note: You will lose all accumulated Sum Insured Safeguard+ if you opt out of this benefit at any point in time.

Note: You can either choose Safeguard or Safeguard+ at a given point in time.

4.1.22. **Future Ready**

Add your Future Spouse to the plan, **and all waiting periods** (Initial Waiting Period, Pre-Existing Disease, specified disease/ procedure, M-iracle Waiting Periods) completed by you will be **passed on to your Future Spouse**, when they are added in the policy.

Note:

- This Optional Benefit can be opted at the time of new policy inception or at any renewal.
- You can **ONLY add your newly married spouse** to the plan.
- We will **NEED the marriage certificate** to add the spouse. The spouse can be added anytime during the policy tenure or at Renewal.
- Newly Married spouse MUST be added within 90 days of the marriage.

4.1.23. **Borderless**

Get emergency or planned treatments anywhere in the world. Choose from a range of co-payments options 0%, 20%, 30%, 40% & 50%

Note:

- The consumer can be diagnosed anywhere in the world and can go for treatments anywhere in the world. This benefit is also available under cashless and reimbursement.
- The Sum Insured will be same as the Policy Sum Insured.
- The following benefits will be considered for Borderless also: **Expenses in reaching a Hospital, Expenses during Hospitalization, Expenses before and after hospitalization, Organ Donor.**
- **This optional benefit is not available to Non-Indian citizens & people who are not permanent residents of India.**

4.1.24. **Cash-Bag:**

For each claim free year get an amount equal to 10% of the premium to be paid on 1st Renewal and 5% thereafter on each renewal from 2nd renewal onwards. Accumulate this amount and use the amount for OPD, pay for deductibles, pay for co-payment, Non-payable items and pay premiums. This optional benefit can be accessed through our Mobile App.

Note:

- Deductibles, Co-Payments can only be paid for claims under Aspire Product.
- Only Aspire Product premium can be paid for using this Cash-Bag
- Claims under Cash-Bag will not impact Booster+, Lock the Clock/Lock the Clock+

4.1.25. **WellConsult (OPD):**

Opt for complete wellness and OPD benefits.

4.1.25.1. **Tele/Video Consultation** on our network.

4.1.25.2. **Physical Consultations** with Specialists & General Practitioner on our network. Flat 20% co-payment in case of re-imbursement.

4.1.25.3. **Prescribed Diagnostics** on our Partner network. Flat 20% co-payment in case of re-imbursement.

4.1.25.4. **Prescribed Pharmacy** on our Partner network. Flat 20% co-payment in case of re-imbursement.

4.1.25.5. Online sessions on **Emotional Wellness**. Can be availed only through our Partner network.

4.1.25.6. **Diet and Nutrition Coaching.** Can be availed only through our Partner network.

4.1.25.7. Artificial Intelligence lead Smart Fitness Coaching. Can be availed only through our Partner network.

4.1.25.8. Access to Global online content on wellness through our Partner network

4.1.25.9. Access to **Gym memberships** on our Partner network.

Note:

- **All benefits are as per limits mentioned in your policy schedule.**
- **Claims under WellConsult (OPD) will not impact Booster+, Lock the Clock/Lock the Clock+**
- **We will not pay for Dental and ophthalmological consultations, diagnostics and pharmacy under this benefit.**
- **This benefit is applicable only in India.**

5. **Exclusions**

5.1. **Standard Exclusions**

5.1.1. **Pre-existing Diseases (Code–Excl01):**

a. Expenses related to the treatment of a Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12months/24 months/ 36 months (as per Variant selected) of continuous coverage after the date of inception of the first Policy.

b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Insurance Products) Regulations, 2024, then waiting period for the same would be reduced to the extent of prior coverage.

d. Coverage under the Policy after the expiry of 12months/24 months/ 36 months (as per Variant selected) for any Pre-existing Disease is subject to the same being declared at the time of application and accepted by Us.

5.1.2. **Specified disease/procedure waiting period (Code- Excl02)**

a. Expenses related to the treatment of the listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months/12 months (as per Variant Selected) of continuous coverage after the date of inception of the first Policy. This exclusion shall not be applicable for claims arising due to an Accident (covered from day 1) or Cancer (covered after 30-day waiting period).

b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.

e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI then waiting period for the same would be reduced to the extent of prior coverage.

f. List of specific diseases/procedures:

i. Pancreatitis and stones in biliary and urinary system

ii. Cataract, glaucoma and retinal detachment

iii. Hyperplasia of prostate, hydrocele and spermatocele

iv. Prolapse uterus or cervix, endometriosis, Fibroids, Polycystic ovarian disease (PCOD), hysterectomy (unless necessitated by Malignancy)

v. Hemorrhoids, fissure, fistula or abscess of anal and rectal region

vi. Hernia of any site or type,

vii. Osteoarthritis, joint replacement, osteoporosis, systemic connective tissue disorders, inflammatory polyarthropathies, Rheumatoid Arthritis, gout, intervertebral disc disorders, arthroscopic surgeries for ligament repair

viii. Varicose veins of lower extremities

ix. All internal or external benign neoplasms/ tumours, cyst, sinus, polyps, nodules, mass or lump

x. Ulcer, erosion or varices of gastro intestinal tract

xi. Surgical treatment for diseases of middle ear and mastoid (including otitis media, cholesteatoma, perforation of tympanic membrane), Tonsils and adenoids, nasal septum and nasal sinuses.

5.1.3. **30-day waiting period (Code- Excl03):**

a. Expenses related to the treatment of any Illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.

b. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months

c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

5.1.4. **Investigation & Evaluation (Code-Excl04)**

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5.1.5. **Rest Cure, rehabilitation and respite care (Code-Excl05)**

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

5.1.6. **Obesity/ Weight Control (Code-Excl06)**

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

a. Surgery to be conducted is upon the advice of the Doctor.

b. The surgery/Procedure conducted should be supported by clinical protocols.

c. The member has to be 18 years of age or older and;

d. Body Mass Index (BMI);

i. greater than or equal to 40 or

ii. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

1. Obesity-related cardiomyopathy
2. Coronary heart disease
3. Severe Sleep Apnea
4. Uncontrolled Type2 Diabetes

5.1.7. **Cosmetic or plastic Surgery (Code-Excl08)**

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

5.1.8. **Hazardous or Adventure sports (Code-Excl09)**

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

5.1.9. **Breach of law (Code-Excl10)**

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

5.1.10. **Excluded Providers (Code-Excl11)**

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in Our website / notified to the Policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

The complete list of excluded providers can be referred to on our website.

5.1.11. Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code-Excl12)**

5.1.12. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **(Code-Excl13)**

5.1.13. **Refractive Error (Code-Excl15)**

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

Note: Less than 7.5 Diopter means a power of eye either >7.5 Dioptre for Hypermetropia or far sightedness (say +7.75 Dioptre) or < 7.5 Dioptre for Myopia or near sightedness (say -7.75 Dioptre).

5.1.14. **Unproven Treatments (Code-Excl16)**

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

5.2. **Specific Exclusions**

5.2.1. **Personal Waiting Period**

Conditions specified for an Insured Person under Personal Waiting Period will be subject to a Waiting Period of up to 48 months from the inception of the First Policy with Us.

5.2.2. **Conflict & Disaster:**

Treatment for any Injury or Illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism.

5.2.3. **External Congenital Anomaly:**

Screening, counseling or treatment related to external Congenital Anomaly.

5.2.4. **Dental treatment:**

All dental treatments other than due to accidents and cancers.

5.2.5. **Unrecognized Physician or Hospital:**

a. Treatment or Medical Advice provided by a Medical Practitioner not recognized by the Medical Council of India or by Central Council of Indian Medicine or by Central council of Homeopathy.

b. Treatment provided by anyone with the same residence as an Insured Person or who is a member of the Insured Person's immediate family or relatives.

c. Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India.

5.2.6. Costs which are not Reasonable and Customary and treatments which are not Medically Necessary. **Refer Definition 2.1.37 for Reasonable and Customary Charges.**

5.2.7. Artificial life maintenance for the Insured Person who has been declared brain dead or in vegetative state.

6. General Terms and Clauses

6.1. Standard General Terms and Clauses

6.1.1. **Free Look Period**

The Free Look Period shall be applicable on individual health insurance policies and not on renewals.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy.. If he/she is not satisfied with any of the terms and conditions , he/she has the option to cancel his/her policy.

In the event the policyholder disagrees to any of the policy terms or conditions, or otherwise and has not made any claim, he/she shall have the option to retun the policy to the insurer for cancellation, stating the reasons for the same.

i. Irrespective of the reasons mentioned, the policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.

Simplified for you

Free look is a 30 days period during which you can return back your policy, if you don't like what you have purchased.

6.1.2. **Cancellation**

The policy holder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing. The insurer shall:

a. Refund proportionate premium for unexpired policy period, if the term of the policy upto one year and there is no claim(s) made during the policy period.

b. Refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years are not commenced.

Simplified for you

You can cancel your policy whenever you wish.

Note: We will NOT refund any premium if we have paid a claim.

We will refund part of the premium depending on how many days your policy has been running for, if there is no claim.

Simplified for you

If we ever cancel your policy, it will be for Fraud or Non disclosure only. Insurance contract is a legal contract too and it's based on trust.

Fraud is an action by you or anyone acting on your behalf where you receive benefits, financial or otherwise, for which you are either not eligible at all or not to the extent under the policy.

6.1.3. **Renewal of Policy** A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured. An insurer shall not deny the renewal of a health insurance policy on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy. a. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. b. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days (annual installment) to maintain continuity of benefits without break in policy. c. No loading shall apply on renewals based on individual claims experience. However, discount in premium may be provided by insurers to individual policyholders for good claims experience. d. Insurer shall not resort to fresh underwriting by calling for medical examination, fresh proposal form etc at renewal stage where there is no change in sum insured offered. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured 6.1.4. **Possibility of Revision of Terms of the Policy Including the Premium Rates** The Company, with prior approval of IRDAI, in accordance with applicable regulations, may revise or modify the terms of the Policy, including the premium rates. 6.1.5. **Nomination** The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy. The insurer shall obtain nomination at the time of new business and at the time of renewal for existing policies.	Pay your renewal premium before end of policy period to maintain continuity of benefits. A grace period is also available to pay the premium after policy expiry. **Note: You are NOT insured during the grace period.**

6.1.6 **Fraud**

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy: a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true; b) the active concealment of a fact by the insured person having knowledge or belief of the fact; c) any other act fitted to deceive; and d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

6.1.7 **Withdrawal of Policy**

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

ii. Insured Person will have the option to either renew (up to 90 days from renewal date) same product or to migrate to similar a health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

Simplified for you

We will cancel your policy, will not pay any claim, will not refund any premium paid and have right to take all possible legal action against you including for recovery of benefits paid earlier, if

- You withheld any information from us, whole or part that would have invited any decision other than a 'standard acceptance' of your application for insurance.

  Note: Non standard decisions are:

  - Loading – We ask for additional premium
  - Exclusions – We apply a additional waiting period for health conditions or treatments
  - Rejection – We hate to do this. But sometimes are compelled to say no to a customer

IMPORTANT: We understand you may not know how important is the information on your health and it's impact on your policy. Hence it's very important that you disclose all health information and we would decide how important (we call it 'material') it is.

- Cause fraud of any kind

6.1.8 **Redressal of Grievance:**

In case of any grievance the insured person may contact the company through:

Website: www.nivabupa.com

Toll- Free: 1860-500-8888

E-mail: Email us through our service platform

https://rules.nivabupa.com/customer-service/

(Senior citizens may write to us at: seniorcitizensupport@nivabupa.com)

Fax : 011-41743397

Courier: Customer Services Department

Niva Bupa Health Insurance Company Limited

D-5, 2nd Floor, Logix Infotech Park

opp. Metro Station, Sector 59, Noida,

Uttar Pradesh, 201301

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:

Head – Customer Services

Niva Bupa Health Insurance Company Limited

D-5, 2nd Floor, Logix Infotech Park

opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301

Contact No: 1860-500-8888

Fax No.: 011-41743397

Email ID: Email our Grievance officer through our Grievance Redressal platform https:// transactions.nivabupa.com/pages/grievance-redressal.aspx

For updated details of grievance officer, kindly refer the link

https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx

If the Insured person is not satisfied with the above, they can escalate to GRO@nivabupa.com.

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017 (at the addresses given in Annexure II).

Grievance may also be lodged at IRDAI integrated Grievance Management System – www.bimabharosa.irdai.gov.in

6.1.9 **Claim settlement (Provision for Penal interest)**

I. The Company shall settle or reject a claim, as the case may be, within 15 days from the claim submission date.

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 claim intimation till the date of payment of claim at a rate of 2% above the bank rate.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

Simplified for you

We will provide our decision on claim within 15 days from submission of all necessary claim documents. For any delay in payment of claim, we will pay interest on the claim amount at a rate 2% above bank rate.

6.1.10 **Moratorium Period**

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on the grounds of non-disclosure, misrepresentation, except on grounds of established fraud. The period of sixty continuous months is called as moratorium period. The moratorium will be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would applicable from the date of enhancement of sums insured only on the enhanced limits.

The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract.

Note: the accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium Period.

Simplified for you

After 5 years, no health insurance claim shall be contestable except for proven fraud and permanent exclusions.

6.1.11 **Multiple Policies**

A. Indemnity Based Policies:

i. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his / her claim in terms of any of his / her policies. In all such cases the insurer chosen by the Policyholder shall be considered as the Primary Insurer and will be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy

ii. If the amount to be claimed exceeds the available coverage of the said policy, then the primary insurer shall seek the details of other available policies of the policyholder and shall coordinate with other insurers to ensure settlement pf the balance amount as per the policy conditions, without causing any hassles to the policy holder

B. Benefit Based Policies:

i. On occurrence of the insured event, the policy holder can claim from all Insurers under all policies

Simplified for you

In case you have multiple policies, you can choose the policy from which you want to claim first.

If claim amount exceeds the Sum Insured of first policy you claim from; then you can claim the balance amount from the second policy.

6.1.12 **Migration**

In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy.

The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

Simplified for you

You can shift your policy to any other health insurance product / plan offered by us as per migration guidelines.

6.1.13 **Portability**

A Policyholder has the choice to port his/ her policies from one Insurer to another irrespective of individual or group policy subject to the Board approved underwriting policy of the insurers.

The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease , Moratorium period etc. from the Existing Insurer to the Acquiring Insurer in the previous policy.

Simplified for you

You can also shift your policy to any other insurer as per portability guidelines.

6.1.14 **Disclosure of Information**

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

(Explanation: "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)

6.1.15 **Condition Precedent to Admission of Liability**

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

6.1.16 **Complete Discharge**

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

6.1.17 **Premium Payment in Instalments**

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

i. Grace Period of 30 days in all types of policies, and a period of 15 days in case of monthly instalments

ii. For policies where premium is paid in instalments only, the coverage will be given during grace period.

iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.

iv. No interest will be charged If the instalment premium is not paid on due date

v. In case of instalment premium due not received within the grace period, the policy will get canceled.

vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

6.2 Specific Terms and Clauses

6.2.1 **Automatic Cancellation:**

The Policy shall automatically terminate in the event of death of the all Insured Person(s). A refund in accordance with the table in Section 6.1.2 shall be payable provided that no claim has been admitted or lodged or not benefit has been availed by the insured person under the policy.

6.2.2 **Additional premium (Risk Loading)**

i. We may ask for additional premium after due risk evaluation (it's what referred to as Underwriting) based on all information provided by you. We will issue policy to you only after you pay us the additional premium and provide us consent.

ii. We will never ask for more than 100% for any particular health condition and never more than 150% for any individual.

iii. Once applied, Risk loading continues even for all renewals. However, we offer discounts up to 30% under LiveHealthy+ for maintenance and improvement in health

6.2.3 **Other Renewal Conditions:**

a. Renewal Premium:

Renewal premium will alter based on Age. For Floater plan, the age of eldest insured person will be considered for calculating the premium.

b. Addition of Insured Persons on Renewal:

If a new member is added in the Policy, either by way of endorsement or at the time of Renewal, the Pre-existing Disease clause, exclusions, loading (if any) and Waiting Periods will be applicable afresh for that member.

c. Changes to Sum Insured on Renewal:

You may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting. All Waiting Periods as defined in the Policy shall apply afresh for this enhanced limit from the effective date of such enhancement.

6.2.4 **Claims**

a. Cashless claim facility is available at our network hospitals ONLY. As list of network hospitals is dynamic, for the latest list, refer to our website www.nivabupa.com.

b. Documents required with claim form:

Hospital / Medical records:

- Original Discharge summary with first and subsequent consultation papers.
- Original Final Hospital bill with detailed break-up and payment receipt (including pharmacy bills).
- Laboratory investigation reports with supporting prescriptions.
- MLC/First Information Report (FIR) (in accident cases).

Policyholder documents (Nominee in case of death of Policyholder):

- KYC documents
- Cancelled cheque

IMPORTANT:

- All documents **MUS**T be submitted at the earliest possible time.
- For any delay in submission, You **MUST** provide the reasons in writing. We will condone such delay on merits (i.e. reasons beyond your control).
- You **MUST** submit all claim related documents for expenses within the Deductible amount (if applicable).
- We reserve the right to check and investigate the hospital / medical records from any doctor, Hospital, clinic, individual or institution.

c. The expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment are placed as Annexure I.

d. If you opt for a Hospital room which is higher than the eligible room category as specified in your Policy Schedule, then We will pay only a pro-rated portion of the total Associated Medical Expenses (including surcharge or taxes thereon) as per the following formula:

(Eligible Room Rent limit / Room Rent actually incurred) * total Associated Medical Expenses

Associated Medical Expenses shall include Room Rent, nursing charges, Medical Practitioners' fees and operation theatre charges.

e. For any hospitalization, we will pay for items included in the bill by the Hospital during the duration of hospitalization. Items not included in the bill will not be paid.

f. For any claim that is presented to us in any currency other than INR, we will use the Exchange rate as on the date of Admission/Event of that claim.

g. All claims will be paid in INR only.

Please Note:

- Once the final authorization request is received for discharge, the same will be processed within three hours from the final documents received. In case of delay from our end, any additional amount charged by the hospital will be borne by us. This amount will be paid over and above the policy limits.
- We offer Cashless Everywhere, even in hospitals which are not part of our network. For More details and process please visit our website: https://transactions.nivabupa.com/cashlessclaims/pages/intimation-claim.aspx

6.2.5 **Policy Disputes**

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

6.2.6 **Territorial Jurisdiction**

All claims shall be payable in India in Indian Rupees only.

6.2.7 **Alteration to the Policy**

This Policy constitutes the complete contract of insurance. Any change in the Policy will only be evidenced by a written endorsement signed and stamped by Us. No one except Us can within the permission of the IRDAI change or vary this Policy.

6.2.8 **Zonal pricing**

For the purpose of calculating premium, the country has been divided into the following 4 zones:

i. Zone 1: Delhi NCR (Delhi NCR Includes Delhi, Baghpat, Bulandshahr, Gautam Buddh Nagar, Ghaziabad, Hapur, Meerut, Muzaffarnagar, Shamli, Charkhi Dadri, Faridabad, Gurugram, Jhajjar, Jind, Karnal, Mahendragarh, Nuh, Palwal, Panipat, Rewari, Rohtak, Sonipat, Aligarh, Alwar, Hissar, Kaithal, Kurukshetra, Mathura, Saharanpur, Sirsa), Nasik, Surat, Vadodara

ii. Zone 2: Rest Of Gujarat, Kolkata, Mumbai, Palghar, Raigarh (MH), Thane

iii. Zone 3: Amritsar, Chennai, Hooghly, Hyderabad, Jaipur, K.V.Rangareddy, Kolkata Ext, Madhya Pradesh, Rest Of Maharashtra, Rest Of Uttar Pradesh, Rest Of Haryana

iv. Zone 4: Rest of India (Including Bengaluru and Pune)

Your premium depends upon your residential city. Please inform us immediately in case of change in your city.

6.2.9 **Assignment**

The Policy can be assigned subject to applicable laws.

Annexure I - The expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment

List I – Expenses not covered

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1	BABY FOOD	24	ATTENDANT CHARGES	47	LUMBO SACRAL BELT
2	BABY UTILITIES CHARGES	25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	48	NIMBUS BED OR WATER OR AIR BED CHARGES
3	BEAUTY SERVICES	26	BIRTH CERTIFICATE	49	AMBULANCE COLLAR
4	BELTS/ BRACES	27	CERTIFICATE CHARGES	50	AMBULANCE EQUIPMENT
5	BUDS	28	COURIER CHARGES	51	ABDOMINAL BINDER
6	COLD PACK/HOT PACK	29	CONVEYANCE CHARGES	52	PRIVATE NURSES CHARGES-SPECIAL NURSING CHARGES
7	CARRY BAGS	30	MEDICAL CERTIFICATE	53	SUGAR FREE Tablets
8	EMAIL / INTERNET CHARGES	31	MEDICAL RECORDS	54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	32	PHOTOCOPIES CHARGES	55	ECG ELECTRODES
10	LEGGINGS	33	MORTUARY CHARGES	56	GLOVES
11	LAUNDRY CHARGES	34	WALKING AIDS CHARGES	57	NEBULISATION KIT
12	MINERAL WATER	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
13	SANITARY PAD	36	SPACER	59	KIDNEY TRAY
14	TELEPHONE CHARGES	37	SPIROMETRE	60	MASK
15	GUEST SERVICES	38	NEBULIZER KIT	61	OUNCE GLASS
16	CREPE BANDAGE	39	STEAM INHALER	62	OXYGEN MASK
17	DIAPER OF ANY TYPE	40	ARMSLING	63	PELVIC TRACTION BELT
18	EYELET COLLAR	41	THERMOMETER	64	PAN CAN
19	SLINGS	42	CERVICAL COLLAR	65	TROLLY COVER
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	43	SPLINT	66	UROMETER, URINE JUG
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	44	DIABETIC FOOT WEAR	67	AMBULANCE
22	TELEVISION CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)	68	VASOFIX SAFETY
23	SURCHARGES	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER		

List II – Items that are to be subsumed into Room Charges

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	14	BED PAN	27	ADMISSION KIT
2	HAND WASH	15	FACE MASK	28	DIABETIC CHART CHARGES
3	SHOE COVER	16	FLEXI MASK	29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
4	CAPS	17	HAND HOLDER	30	DISCHARGE PROCEDURE CHARGES
5	CRADLE CHARGES	18	SPUTUM CUP	31	DAILY CHART CHARGES
6	COMB	19	DISINFECTANT LOTIONS	32	ENTRANCE PASS / VISITORS PASS CHARGES
7	EAU-DE-COLOGNE / ROOM FRESHNERS	20	LUXURY TAX	33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
8	FOOT COVER	21	HVAC	34	FILE OPENING CHARGES
9	GOWN	22	HOUSE KEEPING CHARGES	35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
10	SLIPPERS	23	AIR CONDITIONER CHARGES	36	PATIENT IDENTIFICATION BAND / NAME TAG
11	TISSUE PAPER	24	IM IV INJECTION CHARGES	37	PULSEOXYMETER CHARGES
12	TOOTH PASTE	25	CLEAN SHEET		
13	TOOTH BRUSH	26	BLANKET/WARMER BLANKET		

List III – Items that are to be subsumed into Procedure Charges

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1	HAIR REMOVAL CREAM	9	WARD AND THEATRE BOOKING CHARGES	17	BOYLES APPARATUS CHARGES
2	DISPOSABLES RAZORS CHARGES (for site preparations)	10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	18	COTTON
3	EYE PAD	11	MICROSCOPE COVER	19	COTTON BANDAGE
4	EYE SHEILD	12	SURGICAL BLADES, HARMONICS-CALPEL,SHAVER	20	SURGICAL TAPE
5	CAMERA COVER	13	SURGICAL DRILL	21	APRON
6	DVD, CD CHARGES	14	EYE KIT	22	TORNIQUET
7	GAUSE SOFT	15	EYE DRAPE	23	ORTHOBUNDLE, GYNAEC BUNDLE
8	GAUZE	16	X-RAY FILM		

List IV – Items that are to be subsumed into costs of treatment

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1	ADMISSION/REGISTRATION CHARGES	7	INFUSION PUMP– COST	13	MOUTH PAINT
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	14	VACCINATION CHARGES
3	URINE CONTAINER	9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	15	ALCOHOL SWABES
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	10	HIV KIT	16	SCRUB SOLUTION/STERILLIUM
5	BIPAP MACHINE	11	ANTISEPTIC MOUTHWASH	17	GLUCOMETER & STRIPS
6	CPAP/ CAPD EQUIPMENTS	12	LOZENGES	18	URINE BAG

Annexure II - List of Insurance Ombudsmen

Office Details	Jurisdiction
AHMEDABAD Shri Collu Vikas Rao Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: oio.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU Ms. Neerja Kapurs Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: oio.bengaluru@cioins.co.in	Karnataka

BHOPAL Shri Ajay Kumar Insurance Ombudsman Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Email: oio.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh
BHUBANESWAR Shri Bimbadhar Pradhan Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: oio.bhubaneswar@cioins.co.in	Odisha
CHANDIGARH Ms. Alka Jha Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: oio.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh
CHENNAI Shri K. Vinayak Rao Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: oio.chennai@cioins.co.in	Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry)
DELHI Ms. Sunita Sharma Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: oio.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh

GUWAHATI Shri Ajay Kumar Sharma Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: oio.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD Ms. G Shobha Reddy Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: oio.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry
JAIPUR Shri Satyajeet Rajan Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: oio.jaipur@cioins.co.in	Rajasthan
KOCHI Shri Pradeep Kumar Jain 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground ,M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: oio.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
KOLKATA Ms. Kiran Sahdev Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: oio.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands

LUCKNOW Shri Atul Sahai Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: oio.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI Ms. Sarojini S Dikhale Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Email: oio.mumbai@cioins.co.in	List of wards under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and excluding areas of Navi Mumba
NOIDA Shri Bimbadhar Pradhan Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: oio.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA Ms. Susmita Mukherjee Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: oio.patna@cioins.co.in	Bihar, Jharkhand

PUNE Shri Sunil Jain Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: oio.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district,Palghar District, Raigad district & Mumbai Metropolitan Region
THANE Shri Umesh Sinha Office of the Insurance Ombudsman, 2nd Floor,Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: oio.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T."

Ombudsmen details are subject to change. Please refer this link for the updated details: CIO (cioins.co.in)

niva Bupa Health Insurance

Enjoy **Claim Promise with Zero Deductions – Here's How!**

Thank you for choosing Niva Bupa Health Insurance as your trusted partner.

We are pleased to offer you **Claim Promise with Zero Deductions.**
This benefit is only eligible for policies with a sum insured of ₹ 10 Lacs or more, along with the Safeguard+ add-on.

In case you wish to avail this benefit, follow these simple steps:

Pre-intimate hospitalisation 48 hours in advance (non-emergency cases) via our helpline: 1860-500-8888.

Select a hospital recommended by our claims advisor for cashless facility.

Enjoy claim promise with zero deductions, in line with your policy's terms and conditions.

Thank you for being a valued member of Niva Bupa.

Best regards,
Team Niva Bupa

Zindagi ko claim kar le

Aspire
Proposal Form

URN: 024

Insurance contract is a legal contract too and it's based on TRUST and We TRUST You.
We understand you may not know how relevant is the information on your health and its impact on your policy. Hence, it is very important that you disclose all health information and we would decide how relevant it is (we call it 'material fact').
We would cancel your policy, will not pay any claim, will not refund any premium paid and have right to take all possible legal action against you including for recovery of benefits paid earlier, if correct and complete information is not provided about all members proposed to be insured.
Regulations mandate that the coverage can start only after we have received the full premium and have explicitly accepted the risk.

1. Proposer Details:

Title: Mr. | Name: Thokala Prashanth
DOB: 16/09/1993 | Gender: Male | Nationality: Indian

Current Address: H No 14-2-1 Thokalapally R-o Chelpur Huzurabad Telangana 505122 Jammikunta
Jammikunta
Landmark: | City: Karim Nagar
District: Karim Nagar | State: Telangana | Pin Code: 505122

Landline Number: | Mobile No.: 8074659147
Alternate Number: | Email ID: prashanththokala9@gmail.com
PAN Number: AYPPT8549N (Mandatory for premium above Rupees 50,000 in cash and Rupees 1 lac through other modes)
Annual income (Rs): | CKYC Number:
Occupation: | Other, please specify:
Premium paid by: self | Relationship with Proposer: SELF

YES — I would like to protect the environment and help save paper by authorizing the Company to send all your Policy and service related communication to the email ID as mentioned here in the application form?

Yes — I have read, understood and accepted all Terms and Condition & hereby authorize Niva Bupa Health Insurance or any of its Agents and/or third party(ies)/ affiliates to contact me via SMS/Email/Phone/WhatsApp/Facebook or any other modes on my registered phone number over-riding my 'DND' registration to make welcome calls/SMS, Service calls/SMS or any other commercial Communication

Are you or any of the proposed applicants a PEP#? No

#Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions i.e. Heads/ministers of central or state government, senior politicians, senior government, judicial or military officials, senior executives of government companies, important party officials. (If you have ticked against PEP, kindly fill the separate PEP questionnaire)

Rural and Social Sector Category (if applicable): No

Bank Details:

Bank Name	PAYTM PAYMENTS BANK LTD	Account Type	Savings
Branch	Noida Branch	City	Gautam Buddh Nagar
Account Number	8074659147	IFSC Code	PYTM0123456

Details of Electronic Insurance Account (eIA)

Do you wish to have this Policy credited to an e-Insurance account ? (Please select any one)

No — I do not have an e-insurance account and do not wish to open one

If Yes, Please share existing e-Insurance Account No.

Please select Insurance Repository Name (you have opened your account with)

Or

I do not have existing e-Insurance account and I am interested in creating a new e-Insurance account
(Please submit electronic insurance account opening form (eIA form) along with relevant documents).

Renewal payment sign-up:

Payment of renewal premium of your health insurance Policy can be made every year through continuing your existing Automated clearing House (ACH) / Standing instructions (SI) with the Company. Under this option, your Policy can be renewed promptly, but subject to you completing all additional requirements of information and documentation as may be required by the Company.

If you have opted for the ACH/SI renewal option and policy is renewed using the same, a discount of 2.5% will be applicable on the renewal premium.

2. Details of applicants for insurance:

Applicant 1

Name	Thokala Prashanth				
Gender	Male	Height	5 (ft) 9 (inch)	Weight	85 (kg)
Mobile number	8074659147	Date of Birth	16/09/1993	Please tick if not Indian	Indian
Relationship to Proposer	Self				
If a registered Medical Practitioner*, please provide:	i. Medical Registration Number				
ii. Council Name					
iii. Address of workplace					

Applicant 2

Name	Nalla Akanksha				
Gender	Female	Height	5 (ft) 5 (inch)	Weight	60 (kg)
Mobile number	9441464556	Date of Birth	28/07/2000	Please tick if not Indian	Indian
Relationship to Proposer	Spouse				
If a registered Medical Practitioner*, please provide:	i. Medical Registration Number				
ii. Council Name					
iii. Address of workplace					

Applicant 3

Name	Thokala Nishika Reddy				
Gender	Female	Height	3 (ft) 4 (inch)	Weight	16 (kg)
Mobile number		Date of Birth	03/12/2022	Please tick if not Indian	Indian
Relationship to Proposer	Daughter				
If a registered Medical Practitioner*, please provide:	i. Medical Registration Number				
ii. Council Name					
iii. Address of workplace					

Applicant 4

Name	Thokala Hayaansh Reddy				
Gender	Male	Height	2 (ft) 5 (inch)	Weight	10 (kg)
Mobil number		Date of Birth	27/06/2025	Please tick if not Indian	Indian
Relationship to Proposer	Son				
If a registered Medical Practitioner*, please provide:	i. Medical Registration Number				
ii. Council Name					
iii. Address of workplace					

**Avail a discount of 5% on the premium. Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence.*

3. Coverage selection:

Base Coverage						
Policy type#:	Family floater					
Number of lives to be covered:	2 Adults 2 Children					
Variant:	gold+					
Base Sum Insured:	10,00,000					
Policy term:	1 Year					
Optional Coverage:						
1. Hospital Cash	No					
2. Safeguard+$	No					
3. Personal Accident Cover	1000000					
Please tick if opting for 'Personal Accident cover' (This option is available only to Applicants of age 18 years or above)	Applicant 1	Applicant 2	Applicant 3	Applicant 4	Applicant 5	Applicant 6
	Yes	No	No	No		
4. Annual Aggregate Deductible Options:	No					
5. Co-Payment	No					
6. Pre-Existing Disease Waiting Time Modification	Not Opted					
7. Room Type Modification	No					
8. Borderless (with Co-payment)	No					
9. Future Ready	No					
10. Cash-Bag	No					
11. WellConsult (OPD)	No					
Add-ons:						
1. Smart Health+ (Disease management) *All affected members to choose one variant gold or platinum.	No					
	1	2	3	4	5	6
	No	No	No	No		
2. Smart Health+ (Acute Care) *any one of the two can be opted	No					
	Best Care Sum Insured Options: 0					
3. Fast Forward	No					
4. Tiered Network	NO					

#Family Floater sum insured is common for all insured members. Floater means individually or collectively all insureds can claim to this limit

4. Portability

Policy No	Insurance company	Risk start date	Risk end date	Reasons for porting

Name of proposed insured for whom portability is requested	First policy start date	No of years of continuous coverage for which portability is requested	Claims in past policies	Current No claim Bonus	Sum insured - Year 1 (Oldest)	Sum insured - Year 2	Sum insured - Year 3	Sum insured - Year 4 (Expiring policy)

5. Nomination

In the event of the death of the Proposer, any payment due under the Policy shall become payable to the Nominee named below. The receipt of the such payment by the Nominee would constitute discharge of the Company's liability under the Policy.

Nominee Name	Date of Birth	Relationship with the Proposer	Address and contact details of Nominee	Appointee Name (if nominee is less than 18 year of age)
Nalla Akanksha	28/07/2000	Spouse	H No 14-2-1 Thokalapally R-o Chelpur Huzurabad Telangana 505122 Jammikunta; Jammikunta; Karim Nagar; Telangana;505122 9441464556	

6. Medical,habits and past proposal information

IMPORTANT: Please ensure that all the questions in this section are answered truthfully and completely as the information you provide here will form basis of underwriting by Niva Bupa. Please note any incomplete, incorrect, partially correct information may affect your medical claim and/or coverage.

Section A: 'You' means Yourself and all other who are seeking this policy through this application.	Applicant Number					
	1	2	3	4	5	6
1. Are you suffering from any of the following diseases? a. Cancer/Leukemia/Malignant Tumour b. Cardiac Ailments (Heart Attack, By-Pass Surgery etc) c. Major organ failure (Kidney, Liver, Heart, Lungs, etc.) d. Neurological disorder/Stroke/Paralysis e. Chronic Obstructive Pulmonary Disease (COPD) / Progressive Lungs Disease f. Hepatitis B or C, Chronic liver disease, Crohn's disease, Ulcerative colitis g. Any anaemia other than iron deficiency anaemia h. Type 1 Diabetes	No	No	No	No		
2. Do you have Diabetes?	No	No	No	No		
3. Do you have Hypertension?	No	No	No	No		
4. Ever been diagnosed with a disease that needed treatment for more than a week?	No	No	No	No		
5. Ever underwent a surgery? Or advised one?	No	No	No	No		
6. Currently Under any follow up or awaiting any treatment?	No	No	No	No		

SECTION B: If your answer to any of the above question is 'Yes' (Remember 'You' is not just 'You')	Applicant Number					
	1	2	3	4	5	6
1. Diagnosis and or Surgery Name?						

2. Details of surgery? Year & Month						
3. Current health status?						

SECTION C: For questions marked Yes (Y) in Section A, please specify following information:

Applicant Name	Details of symptom(s) or investigation(s) or diagnosis or procedure / surgery undergone					Medication (s)	Dosage	Current status (e.g. Complete / partial recovery or ongoing treatment)	Treating doctor's name & contact details	Documents attached (Yes / No)
	If Diabetes HbA1c Level	If High blood pressure BP Level		Any Other Details	Onset date (DD/MM/YYYY)					
		Systolic	Diastolic							
Thokala Prashanth										No
Nalla Akanksha										No
Thokala Nishika Reddy										No
Thokala Hayaansh Reddy										No

7. ABHA ID

Member Name	Do you have ABHA ID?	ABHA ID
Thokala Prashanth	No	
Nalla Akanksha	No	
Thokala Nishika Reddy	No	
Thokala Hayaansh Reddy	No	

Customer ID: 2005089052

Member No.	Name	Age	Valid From
23339860	Thokala Prashanth	32	27/04/2026
23339861	Nalla Akanksha	25	27/04/2026
23339863	Thokala Hayaansh Reddy	0	27/04/2026
23339862	Thokala Nishika Reddy	3	27/04/2026

mee seva
fast, faster

FORM 5

TSGGDG

తెలంగాణా ప్రభుత్వము
GOVERNMENT OF TELANGANA
DEPARTMENT OF MUNICIPAL ADMINISTRATION
వైద్య ఆరోగ్యశాఖ
MEDICAL & HEALTH DEPARTMENT

జనన ధృవ పత్రము
BIRTH CERTIFICATE

Certificate Id: 52305-B-72327

జనన మరణ నమోదు చట్టము 1969,12/17 విభాగము ప్రకారము తెలంగాణా జనన మరణ నమోదు నిబందనల 999,8/13 నిబందన క్రింద జారీ చేయబడినది.

Issued under Section 12/17 of the Registration of Births and Deaths Act 1969 and Rules 8/1 elangana Registration of Births and Deaths Rules 1999)

తెలంగాణా రాష్ట్రము వరంగల్ జిల్లా వరంగల్ నగరపాలక సంస్థ డెష్‌పేట సర్కిల్ 5 (స్థానిక ప్రదేశము) జన జిస్టరు లోని జననానికి సంబంధించిన అసలు రికార్డు నుండి,క్రింది సమాచారము తీసుకొనబడినదని ధీకరించడమైనది.

This is to certify that the following information has been taken from the original record of birth which gister for(local area / local body) DESHAIPET CIRCLE5 OF WARANGAL MUNICIPAL CORPORA ARANGAL DISTRICT OF STATE OF TELANGANA .

రు / Name	THOKALA NISHIKA REDDY
గము/ Sex	FEMALE
ిన తేది / Date of Birth (DD/MM/YYYY)	03/12/2022 ZERO THREE ONE TWO TWO ZERO TWO TWO
ిన స్థలము / Place of Birth	WARANGAL HOSPITAL DR.NIRMALADEVI.M.B.B.S.DGO NARSA ROAD.L.B.NAGAR WARANGAL
పేరు / Name of Mother	THOKALA AKANKSHA
త్రి/భర్త పేరు / Name of the her/Husband	THOKALA PRASHANTH
జన్మించినపుడు తల్లి దండ్రుల చిరునామా / ress of the parents at the time of h of Child	H.NO:14-2/1 CHELUPUR , HUZURABAD KARIMNAGAR-505122
ండ్రుల శాశ్వత చిరునామా / nanent Address of parents	H.NO:14-2/1 CHELUPUR , HUZURABAD KARIMNAGAR-505122
రు సంఖ్య/ Registration Number	1104
రు తేది/ Date of Registration MM/YYYY)	03/12/2022
ష్యలు/ Remarks	
ిన తేది / Date Of Issue MM/YYYY)	14/03/2023

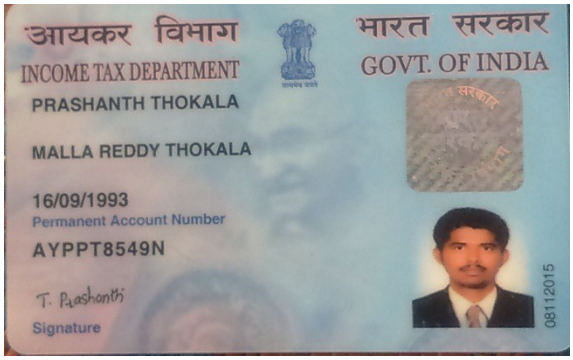
ation No:

022301580424

14/03/2023

Certified By

Name : K.Venu Gopal Rao
Registrar of Births & Deaths
WARANGAL MUNICIPAL CO
WARANGAL DISTRICT


आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
PRASHANTH THOKALA
MALLA REDDY THOKALA
16/09/1993
Permanent Account Number
AYPPT8549N
T. Prashanth
Signature
08112015


भारत सरकार
GOVERNMENT OF INDIA
తోకల ప్రశాంత్
Thokala Prashanth
పుట్టిన తేదీ/ DOB: 16/09/1993
పురుషుడు / MALE
4778 9864 3912
నా ఆధార్ –నా గుర్తింపు
भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA
AADHAAR
చిరునామా:
S/O తోకల మల్లారెడ్డి, 14-2/1,
తోకలపల్లి, హుజురాబాద్
మండలం, చెల్పూర్, కరీంనగర్,
తెలంగాణ - 505122
Address:
S/O Thokala Mallareddy, 14-2/1,
thokalapally, Huzurabad
Mandal, Chelpur, Karimnagar,
Telangana - 505122
4778 9864 3912
MERA AADHAAR, MERI PEHACHAN