

carē

HEALTH
INSURANCE

BEST

HEALTH INSURANCE
COMPANY IN RURAL SECTOR

**CLAIMS
SERVICE**

LEADER OF THE YEAR

INDIA INSURANCE SUMMIT & AWARDS 2024



assurē

Critical Illness & Personal Accident Cover

Customer information sheet

Customer information sheet

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

Title	Description (Please refer to the applicable Policy Clause number in next column)	Policy Clause Number
Name of the Insurance Product /Policy	Assure	
Policy Number		
Type of the Insurance Product /Policy	Benefit	
Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> - Individual Sum Insured - Sum Insured : 1 Lac to 10 Lac (in multiples of 1 Lac) 15 Lac to 50 Lac (in multiples of 5 Lac) , 75 Lac, 1 Crore , 1.25 Crore , 1.75 Crore, 2.25 Crore, 2.75 Crore and 3 Crore 	
Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Expenses in respect of :	
	BASE BENEFITS	
	1. Critical Illness : The Company pays the Sum Insured , upon occurrence of these events - a) diagnosis of a Critical Illness / if a Critical Illness manifests b) any Covered Surgical Procedure c) Any Covered Medical Events	3.1
	2. Personal Accident : The Company pays the Sum Insured , upon occurrence of Accident resulting in death or Permanent Total Disablement .	3.2
	3. Child Education : The Company pays the specified amount for the education of the Insured Person's child.	3.3
	4. Second Opinion : Covers once per Policy Year per Insured Person for any of specified Critical Illnesses from a Medical Practitioner.	3.4
	5. Health check-up : Health check-up for each adult member covered under the policy	3.5
	ADD-ON BENEFITS	
	1. Everyday Care : Consultations with Medical Practitioners, Discounts at pharmacy outlets, diagnostic centers and other medical service providers, within our network only.	Add-on Benefit - 1
	2. HIV Cover : The Company pays the Sum insured upon detection of HIV infection for the first time, after that coverage under this clause shall cease.	Add-on Benefit - 2
Exclusions (What the policy does not cover)	Standard Exclusions:	
	<p>Permanent Exclusions applicable to Benefit 1 :</p> <p>Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy terms and conditions:</p> <ul style="list-style-type: none"> i. Sterility and Infertility: <ul style="list-style-type: none"> - Expenses related to sterility and infertility. This includes: - Any type of contraception, sterilization - Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI - Gestational Surrogacy - Reversal of sterilization <p>Permanent Exclusions applicable to all Benefits :</p> <p>Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy terms and conditions:</p>	4.1

	<p>(a) Breach of law</p> <p>(b) Maternity</p>	
	<p>Specific Exclusions:</p> <p>Permanent Exclusions applicable to Benefit 1</p> <p>Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy terms and conditions:</p> <p>(a) Any Claim with respect to any Critical Illness diagnosed or which manifested prior to Policy Period Start Date.</p> <p>(b) Any external congenital illness or condition</p> <p>(c) Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.</p> <p>(d) Any physical, medical condition or treatment or service that is specifically excluded under the Special Conditions in the Policy Schedule.</p> <p>(e) Any treatment relating to birth defects.</p> <p>(f) Hormone replacement therapy.</p> <p>Any treatment through self-medication or any treatment that is not scientifically recognized.</p> <p>Permanent Exclusions applicable to Benefit 2</p> <p>Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy terms and conditions:</p> <p>Payment of compensation in respect of death, Injury or disablement of Insured Person directly or indirectly caused by venereal disease or insanity except where such condition arises directly as a consequence of an Accident during the Policy Period.</p> <p>Permanent Exclusions applicable to all Benefits</p> <p>Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy terms and conditions:</p> <p>(a) Any condition caused by or associated with any sexually transmitted disease except arising out of HIV and not specifically mentioned in benefits above.</p> <p>(b) Any Pre-existing Disease or any complication arising therefrom.</p> <p>(c) Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.</p> <p>(d) Acts of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or any Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens.</p> <p>(e) Participation in any flying activity except as a bonafide fare-paying passenger in an aircraft that is authorized by the relevant regulations to carry such passengers between established aerodromes.</p> <p>(f) War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.</p> <p>(g) Participation in actual or attempted felony, riots, civil commotion, criminal misdemeanor;</p> <p>(h) Engaging in sporting activities in so far as they involve the training for or participation in competitions of professional sports.</p> <p>(i) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing</p>	<p>4.2</p>

	<p>concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:</p> <p>(I) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.</p> <p>(II) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.</p>	
<p>Waiting Period</p> <ul style="list-style-type: none"> - Time period during which specified diseases/treatments are not covered - It is counted from the beginning of the policy coverage. 	<p>Initial waiting Period: 90 days for all illnesses (not applicable in case of continuous renewal or accidents)</p>	4.2(a)
<p>Financial limits of coverage</p> <p>i. sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder/ insured)</p> <p>iii. Deductible (It is a specified amount :</p> <ul style="list-style-type: none"> - up to which an insurance company will not pay any claim , and - which will be deducted from total claim amount is more than the specified amount) <p>iv. Any other limit (as applicable)</p>	Not Applicable	
<p>Claims/ Claims Procedure</p>	<p>Claim intimation - If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, the Company shall be notified with full particulars within 30 days from the date of occurrence of event .</p> <p>Web link (https://www.careinsurance.com/rhicl/claim/login) for following :</p> <ul style="list-style-type: none"> i. Network hospital details ii. Helpline number iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer iv. Downloading/getting claim form 	6.1
<p>Policy Servicing</p>	<ul style="list-style-type: none"> i. Call center number of the insurer - whatsapp number: 8860402452 ii. Details of Company officials - Customer Service Care Health Insurance Limited , Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector- 43, Gurugram – 122009 	5.1.14

Grievances/Complaints	<p>In case of any grievance the Insured Person may contact the Company through Website/link: https://www.careinsurance.com/customer-grievance-redressal.html</p> <p>Mobile App : Care Health- Customer App</p> <p>Toll free (whatsapp number): 8860402452</p> <p>Courier: Any of Company's Branch Office or corporate office</p> <p>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. https://www.cioins.co.in/Ombudsman</p> <p>Grievance may also be lodged at IRDAI integrated Grievance Management System - https://bimabharosa.irdai.gov.in/</p>	<p>5.1.14</p>
Things to remember	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.</p> <p>For free look cancellation process reach us:</p> <ul style="list-style-type: none"> - Care Health - Customer App - WhatsApp number - 8860402452 - Self Help Portal - https://www.careinsurance.com/self-help-portal.html - Submit Your Queries/ Requests - https://www.careinsurance.com/contact-us.html <p>Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of the policy shall not be denied, provided the policy is not withdrawn.</p> <p>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.</p> <p>For migration and portability process, reach us:</p> <ul style="list-style-type: none"> - Care Health- Customer App - WhatsApp number - 8860402452 - Self Help Portal - https://www.careinsurance.com/self-help-portal.html - Submit Your Queries/ Requests - https://www.careinsurance.com/contact-us.html • For Detailed Guidelines on Migration and Portability, kindly refer the link: https://www.careinsurance.com/other-disclosures.html , https://www.careinsurance.com/health-insurance-portability.html <p>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.</p> <p>Moratorium Period: After completion of eight continuous years under the policy, no look back to be applied. This period of eight years is called the moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	<p>5.1.13</p> <p>5.1.9</p> <p>5.1.7 and 5.1.8</p> <p>5.2.6</p> <p>5.1.11</p>

Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period.</p> <p>Disclosure of Information -The Policy shall be void and all premium paid thereon shall be forfeited to the Company or the Company may also adjust the scope of cover and / or the premium paid or payable in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.</p>	5.1.1
	<p>Material Change: Policyholder/ Insured Person shall immediately notify the Company in writing of any material change in the risk on account of change in occupation or business of any Insured Person. The Company may adjust the scope of cover and / or the premium paid or payable, accordingly</p>	5.2.1

- i. For the product terms and conditions and other documents, including CIS , please refer the web link:
<https://www.careinsurance.com/rhicl/login/register>
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail and please refer the Policy Schedule for the applicable benefits



Care Health Insurance Limited

Registered Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Correspondence Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43,
Gurugram-122009 (Haryana)

CIN: U66000DL2007PLC161503 UIN:RHIHLIP21375V022021

IRDAI Registration Number - 148

REACH US @



Care Health-
Customer App



WhatsApp
8860402452

Self Help Portal:

www.careinsurance.com/self-help-portal.html

Submit Your Queries/Requests:

www.careinsurance.com/contact-us.html