



carē freedom

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 | Care Freedom | |
| Policy Number | | |
| Type of the Insurance Product/Policy | Both Indemnity and Benefit | |
| Sum Insured (Basis) (Along with amount) | <ul style="list-style-type: none"> - Individual Sum Insured (each member has a separate sum insured under the policy). - Floater Sum Insured : 2A / 2A1C / 2A2C / 2A3C / 2A4C / 1A1C / 1A2C / 1A3C / 1A4C (all members under the policy have a single sum insured limit which may be utilized by any or all members) - Sum Insured : : 2L / 3L/ 4L/ 5L/ 7L/ 10L | |
| Policy Coverage (What the policy covers?) (Policy Clause Number/s) | Expenses in respect of : BASE BENEFITS 1. Hospitalization Expenses: In-patient Care - Admission in hospital beyond 24 hrs., covered up to Sum insured. Day-Care Treatments - Specified / Listed procedures requiring less than 24 hours of hospitalization (day care), covered up to Sum insured. Advance Technology Methods - Listed methods taken during Hospitalization, covered up to Sum Insured. | 3.1.1 |
| | 2. Consumable Allowance: A fixed amount per day is paid for each and every completed day of hospitalization, if hospitalization is for a minimum of 3 days and maximum of 7 consecutive days. | 3.1.2 |
| | 3. Companion Benefit: A fixed lump sum amount is paid if hospitalization exceeds 10 consecutive days. | 3.1.3 |
| | 4. Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses – Pre-hospitalization - treatment immediately prior to admission in hospital, covered up to specified Sum insured. Post-hospitalization - treatment immediately after discharge from hospital , covered up to specified Sum insured. | 3.1.4 |

| | | |
|--|---|---------|
| | <p>5. Ambulance Cover - Ambulance service offered by the hospital or any service provider, in an emergency situation, covered up to Rs 1,000 per hospitalization.</p> | 3.1.5 |
| | <p>6. Domiciliary Hospitalization: Treatment taken at home and exceeding 3 days, covered up to 10 % Sum insured.</p> | 3.1.6 |
| | <p>7. Recharge of Sum Insured: The base Sum Insured is reinstated, only once during the Policy Year. Available for unrelated illness only. (Applicable for SI 3 L and above)</p> | 3.1.7 |
| | <p>8. Dialysis Cover: Dialysis expenses covered up to Rs. 1,000 per sitting for up to 24 months.</p> | 3.1.8 |
| | <p>9. Annual health Check-up: Health check-up is arranged (for listed tests) at Network / other empanelled Service Providers once every Policy year for adult insured members, on cashless basis.</p> | 3.1.9 |
| | OPTIONAL BENEFITS | |
| | <p>1. Good Health+ : Access to medical services within our network:</p> <ul style="list-style-type: none"> · Up to 8 consultations at Network Service Providers · Discounts in pharmacy · Discounts in wellness centres | 3.2.1 |
| | <p>2. Home Care: For Hiring a Qualified Nurse for Home care treatment , fixed amount of Rs. 1000 per day payable (applicable for Max. 7 days per occurrence & Max. 45 days per policy year per Insured Person , after 1 day deductible)</p> | 3.2.2 |
| | <p>3. Health Check+ : Upgrade of 'Benefit – Annual Health Check-Up' to either</p> <p>a) Diabetes Health Check – up or</p> <p>b) Cardiac Health Check – up.</p> | 3.2.3 |
| <p>Exclusions (What the policy does not cover)</p> | Permanent Exclusions: | |
| | <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>1. Investigation & Evaluation 2. Rest Cure, rehabilitation and respite care 3. Obesity/ Weight Control 4. Change-of-Gender treatments 5. Cosmetic or plastic Surgery 6. Hazardous or Adventure sports 7. Breach of law 8. Excluded Providers</p> <p>9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</p> | 4.1(ii) |

| | | |
|--|--|----------------|
| | <p>10. Treatments received in health spas, 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.</p> <p>11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure</p> <p>12. Refractive Error</p> <p>13. Unproven Treatments</p> <p>14. Sterility and Infertility</p> <p>15. Maternity</p> | |
| | <p>Specific Exclusions:</p> <ol style="list-style-type: none"> 1. Any condition or treatment as specified in Annexure – II of Policy terms and conditions 2. Any condition caused by or associated with any sexually transmitted disease except arising out of HIV. 3. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication. 4. Charges incurred in connection with cost of routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment. 5. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 3.1.1 (d). 6. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery. 7. Screening, counseling or treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to external birth defects. 8. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability. 9. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident. | <p>4.2 (i)</p> |

10. All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment) and tonics.
11. Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state or brain dead by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.
12. All expenses related to donor treatment, including surgery to remove organs from the donor, in case of transplant surgery.
13. Non-allopathic treatment.
14. Any OPD Treatment.
15. Treatment received outside India.
16. 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.
17. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens.
18. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
19. Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
20. Expenses related to any kind of RMO charges, service charge, surcharge, night charges levied by the Hospital under whatever head.
21. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a. 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.

- b. 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.
- c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded.

- 22. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
- 23. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.
- 24. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.
- 25. Multifocal lens implantation for cataract.
- 26. Remicade, Avastin or similar injectable treatment.
- 27. If the Insured Person is suffering from or has been diagnosed with or has been treated for any of the following disorders prior to the first Policy Start Date, then costs of treatment related to or arising from the disorder whether directly or indirectly will be permanently excluded from coverage under the Policy:-

- I Chronic Bronchitis;
- II Esophageal Stricture or stenosis;
- III Unoperated Varicose Veins;
- IV Deep Vein Thrombosis (DVT);
- V Spondyloarthropathies (Spondylosis/Spondylitis/Spondylolisthesis);
- VI Residual Poliomyelitis;
- VII Avascular Necrosis, Idiopathic;
- VIII Unoperated Hyperthyroidism;
- IX Renal/Ureteric/Bladder Calculi;
- X DUB/Endometriosis;
- XI Unoperated Fibroid Uterus;
- XII Retinal Detachment;
- XIII Otosclerosis;
- XIV Deafness;
- XV Blindness;
- XVI Any implant in the body.

| | 28. Any other exclusion as specified in the Policy Schedule. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------------------------|------------------------|--------------------------|--------------------------|-------|-----------|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|------------------------|------------------------|------------------------|--------------------------|--------------------------|--|--|--|--|--|--|---|---------------|---------------|---------------|---------------|---------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------|------------------|------------------|------------------|------------------|-----------|
| <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 : 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>Specific Waiting periods (Not applicable for claims arising due to an accident) : 24 months for listed Named Ailments</p> <p>Pre-existing diseases : Covered after 24 months</p> | 4.1(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>The policy will pay only up to the limits specified hereunder for the following diseases/procedures :</p> <table border="1"> <thead> <tr> <th></th> <th>SI 2L</th> <th>SI 3L</th> <th>SI 4L</th> <th>SI 5L</th> <th>SI 7L-10L</th> </tr> </thead> <tbody> <tr> <td>Treatment of Cataract</td> <td>Up to ₹20,000 per eye</td> <td>Up to ₹20,000 per eye</td> <td>Up to ₹20,000 per eye</td> <td>Up to ₹30,000 per eye</td> <td>Up to ₹30,000 per eye</td> </tr> <tr> <td>Treatment of Total Knee Replacement</td> <td>Up to ₹70,000 per knee</td> <td>Up to ₹80,000 per knee</td> <td>Up to ₹80,000 per knee</td> <td>Up to ₹1,00,000 per knee</td> <td>Up to ₹1,20,000 per knee</td> </tr> <tr> <td>Treatment for each and every Ailment/ Procedure mentioned below:-</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>i. Surgery for treatment of all types of Hernia</td> <td>Up to ₹35,000</td> <td>Up to ₹50,000</td> <td>Up to ₹55,000</td> <td>Up to ₹65,000</td> <td>Up to ₹80,000</td> </tr> <tr> <td>ii. Hysterectomy</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>iii. Surgeries for Benign Prostate Hypertrophy (BPH)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surgical treatment of stones of renal system</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Treatment for each and every Ailment/ Procedure mentioned below:-</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>i. Treatment of Cerebrovascular and Cardiovascular disorders</td> <td>Up to ₹ 1,50,000</td> <td>Up to ₹ 2,00,000</td> <td>Up to ₹ 2,25,000</td> <td>Up to ₹ 2,50,000</td> <td>Up to ₹ 3,00,000</td> </tr> </tbody> </table> | | SI 2L | SI 3L | SI 4L | SI 5L | SI 7L-10L | Treatment of Cataract | Up to ₹20,000 per eye | Up to ₹20,000 per eye | Up to ₹20,000 per eye | Up to ₹30,000 per eye | Up to ₹30,000 per eye | Treatment of Total Knee Replacement | Up to ₹70,000 per knee | Up to ₹80,000 per knee | Up to ₹80,000 per knee | Up to ₹1,00,000 per knee | Up to ₹1,20,000 per knee | Treatment for each and every Ailment/ Procedure mentioned below:- | | | | | | i. Surgery for treatment of all types of Hernia | Up to ₹35,000 | Up to ₹50,000 | Up to ₹55,000 | Up to ₹65,000 | Up to ₹80,000 | ii. Hysterectomy | | | | | | iii. Surgeries for Benign Prostate Hypertrophy (BPH) | | | | | | Surgical treatment of stones of renal system | | | | | | Treatment for each and every Ailment/ Procedure mentioned below:- | | | | | | i. Treatment of Cerebrovascular and Cardiovascular disorders | Up to ₹ 1,50,000 | Up to ₹ 2,00,000 | Up to ₹ 2,25,000 | Up to ₹ 2,50,000 | Up to ₹ 3,00,000 | 3.1.1 (c) |
| | SI 2L | SI 3L | SI 4L | SI 5L | SI 7L-10L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treatment of Cataract | Up to ₹20,000 per eye | Up to ₹20,000 per eye | Up to ₹20,000 per eye | Up to ₹30,000 per eye | Up to ₹30,000 per eye | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treatment of Total Knee Replacement | Up to ₹70,000 per knee | Up to ₹80,000 per knee | Up to ₹80,000 per knee | Up to ₹1,00,000 per knee | Up to ₹1,20,000 per knee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treatment for each and every Ailment/ Procedure mentioned below:- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Surgery for treatment of all types of Hernia | Up to ₹35,000 | Up to ₹50,000 | Up to ₹55,000 | Up to ₹65,000 | Up to ₹80,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii. Hysterectomy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii. Surgeries for Benign Prostate Hypertrophy (BPH) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surgical treatment of stones of renal system | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treatment for each and every Ailment/ Procedure mentioned below:- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Treatment of Cerebrovascular and Cardiovascular disorders | Up to ₹ 1,50,000 | Up to ₹ 2,00,000 | Up to ₹ 2,25,000 | Up to ₹ 2,50,000 | Up to ₹ 3,00,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | <p>ii. Treatments/ Surgeries for Cancer</p> <p>iii. Treatment of other renal complications and Disorders Treatment for breakage of bones</p> | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|-------------------|---------------------|--|--------------|--|-------|-------|-------|-------|-----------|---------------------------------|--|--|--|-------------------|---------------------|--------------------|------------------------|------------------------|------------------------|----------|----------|
| <p>In case of a claim , this policy requires you to share the following costs(Expenses exceeding the following Sub-limits) :</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th data-bbox="36 470 526 501"></th> <th data-bbox="526 470 599 501">SI 2L</th> <th data-bbox="599 470 672 501">SI 3L</th> <th data-bbox="672 470 744 501">SI 4L</th> <th data-bbox="744 470 817 501">SI 5L</th> <th data-bbox="817 470 1085 501">SI 7L-10L</th> </tr> </thead> <tbody> <tr> <td data-bbox="36 501 526 705">Room Rent/ Room Category</td> <td data-bbox="526 501 599 705">Twin Sharing Room subject to a maximum of 1% of SI per day</td> <td data-bbox="599 501 672 705">Twin Sharing Room subject to a maximum of 1% of SI per day</td> <td data-bbox="672 501 744 705">Twin Sharing Room subject to a maximum of 1% of SI per day</td> <td data-bbox="744 501 817 705">Twin Sharing Room</td> <td data-bbox="817 501 1085 705">Single Private Room</td> </tr> <tr> <td data-bbox="36 705 526 816">ICU Charges</td> <td data-bbox="526 705 599 816">Up to 2% of SI Per Day</td> <td data-bbox="599 705 672 816">Up to 2% of SI Per Day</td> <td data-bbox="672 705 744 816">Up to 2% of SI Per Day</td> <td data-bbox="744 705 817 816">No limit</td> <td data-bbox="817 705 1085 816">No limit</td> </tr> </tbody> </table> | | | | | | | | | SI 2L | SI 3L | SI 4L | SI 5L | SI 7L-10L | Room Rent/ Room Category | Twin Sharing Room subject to a maximum of 1% of SI per day | Twin Sharing Room subject to a maximum of 1% of SI per day | Twin Sharing Room subject to a maximum of 1% of SI per day | Twin Sharing Room | Single Private Room | ICU Charges | Up to 2% of SI Per Day | Up to 2% of SI Per Day | Up to 2% of SI Per Day | No limit | No limit |
| | SI 2L | SI 3L | SI 4L | SI 5L | SI 7L-10L | | | | | | | | | | | | | | | | | | | | |
| Room Rent/ Room Category | Twin Sharing Room subject to a maximum of 1% of SI per day | Twin Sharing Room subject to a maximum of 1% of SI per day | Twin Sharing Room subject to a maximum of 1% of SI per day | Twin Sharing Room | Single Private Room | | | | | | | | | | | | | | | | | | | | |
| ICU Charges | Up to 2% of SI Per Day | Up to 2% of SI Per Day | Up to 2% of SI Per Day | No limit | No limit | | | | | | | | | | | | | | | | | | | | |
| <p>II. Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder/ insured)</p> | <p>Co-pay % (as opted) applicable on each claim.</p> | | | | | | <p>6.2.2</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) amount)</p> | <p>Deductible (as opted) applicable on aggregate basis for all claims in a policy year.</p> | | | | | | <p>6.1.5</p> | | | | | | | | | | | | | | | | | | |
| <p>Claims/ Claims Procedure</p> | <p>Details of procedure can be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>For Cashless service: The Company extends Cashless Facility as a mode to indemnify the medical expenses incurred by the Insured Person at our Network Provider. For Network Provider list, Insured Person may please log on to the Company's website</p> | | | | | | <p>6.1</p> | | | | | | | | | | | | | | | | | | |

| | | |
|------------------------------|---|--------|
| | <p>For Reimbursement service: Under Reimbursement Facility, all the information and documentation specified in Policy Terms & Conditions shall be submitted to the Company at Insured Person's own expense, immediately and in any event within 15 days of Insured Person's discharge from Hospital</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 48 hours (emergency hospitalization) and 48 hours prior to planned date of admission (Planned hospitalization) from the date of occurrence of event.</p> <p>Turn Around Time (TAT) for claims settlement :</p> <ol style="list-style-type: none"> i. TAT for preauthorization of cashless facility: 4 hours ii. TAT for cashless final bill authorization : 6 hours Web link (https://www.careinsurance.com/rhicl/claim/login) for following : <ol 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 | |
| Policy Servicing | <ol 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 | 5.1.15 |
| 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 Mobile App : Care Health- Customer App Toll free (whatsapp number): 8860402452 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 Grievance may also be lodged at IRDAI integrated Grievance Management System - https://bimabharosa.irdai.gov.in/</p> | 5.1.15 |
| Things to remember | <p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 15 days (30 days in case of distance marketing) from the beginning of the policy.</p> <p>For free look cancellation process reach us: 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> | 5.1.14 |
| | <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> | 5.1.10 |

| | | |
|--------------------------------|---|-----------------|
| | <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: 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> | 5.1.8 and 5.1.9 |
| | <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> | 5.2.6 |
| | <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> | 5.1.12 |
| <p>Your Obligations</p> | <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 - Misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld, or if a Claim is fraudulently made by the Policyholder, the Insured Person or any one acting on his or their behalf, the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited to the Company on cancellation of the Policy or the Company may adjust the scope of cover and / or the premium paid or payable, accordingly.</p> | 5.1.1 |

Note:

- 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: RHIHLIP21519V022021

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