



senior health advantagē

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 | Senior Health Advantage | |
| Policy Number | | |
| Type of the Insurance Product /Policy | Indemnity | |
| Sum Insured (Basis) (Along with amount) | <p>Individual Sum Insured: Maximum up to 6 Persons (each member has a separate sum insured under the policy).</p> <p>Floater Sum Insured : max up to 2A (all members under the policy have a single sum insured limit which may be utilized by any or all members)</p> <p>Sum Insured : 1L\ 2L\3L \ 4L \ 5L \ 7L \ 10L \ 15L \ 20L\ 25L\ 30L\ 40L\ 50L\60L\ 75L\ 1Cr \ 2Cr \ 3 CR</p> | |
| Policy Coverage (What the policy covers?) (Policy Clause Number/s) | Expenses in respect of : | |
| | BASE BENEFITS | |
| | 1. Hospitalization Expenses: | 3.1.1 |
| | <ul style="list-style-type: none"> - In-patient Care: Admission in hospital beyond 24 hrs., covered up to Sum insured. - Day-Care Treatments: All Day Care procedures requiring less than 24 hours of hospitalization (day care), covered up to Sum insured. - Advance Technology Methods: Specified methods taken during Hospitalization, covered up to Sum insured. - Domiciliary Hospitalization: Treatment taken at home and exceeding 3 days, covered up to Sum insured. - Organ Donor cover : Medical expenses incurred in respect of donor, for organ transplant surgery, covered up to Sum Insured. - Ayush Treatment : In-patient Care/ Day Care Treatment taken for Ayurveda, Sidha , Unani and Homeopathy, covered up to Sum insured. - Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses – Pre-hospitalization - treatment prior to admission in hospital) of 60 days, covered up to Sum insured. Post-hospitalization - treatment after discharge from hospital within 90 days from date of discharge, covered up to Sum insured. | |
| | 2. Road Ambulance Cover: Ambulance service offered by the hospital or any service provider, in an emergency situation covered up to the amount based on Sum Insured opted. | 3.1.2 |
| | 3. Automatic Recharge : The base Sum Insured is reinstated once during the Policy Year. Available for unrelated or same illness. | 3.1.3 |
| | 4. No Claim Bonus (NCB): Increase in 25% of Sum Insured for every claim free year, maximum up to 100% of Sum Insured and will reduce by 25% in case of claim. | 3.1.4 |
| | 5. Annual Health Check-up: Health check-up is arranged (for listed tests) at Network / other empanelled Service Providers, once every Policy year for all Insured members, on cashless basis. | 3.1.5 |
| 6. Unlimited E-Consultations : Unlimited e-consultations | 3.1.6 | |

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| | with qualified General Physicians at company's network through Voice/Video Call /Chat /Email Chat/etc. | |
| | 7. Other Value Added Services - Discount Connect: Discounts on services such as consultations, diagnostics, maternity etc. at our network. | 3.1.7 |
| | OPTIONAL BENEFITS | |
| | 1. Room Rent modification: Room Rent/ Room Category limit gets modified to Twin Sharing Room / Single Private Room/ No Sub-limit (as opted). | 3.2.1 |
| | 2. Sub-limit on Advance Technology Methods: Sub-limits on Advance Technology Methods treatments as listed shall be applicable , as mentioned in Policy Schedule. | 3.2.2 |
| | 3. Unlimited Automatic Recharge : The base Sum Insured is reinstated unlimited times during the Policy Year. Available for unrelated or same illness. | 3.2.3 |
| | 4. OPD Care: Diagnostics, Pharmacy, Medical devices expenses covered up to the amount opted. | 3.2.4 |
| | 5. OPD Consultation & Therapy Expenses: Out-Patient Consultations and Prescribed Therapy Expenses covered up to the amount opted. | 3.2.5 |
| | 6. Sub-Limit on Specified Diseases: Sub-limits on listed treatments and procedures up to the specified amount as mentioned in Policy Schedule. | 3.2.6 |
| | 7. Voluntary Co-Payment: Co-payment % (as opted) of the admissible claim amount shall be bear by the Insured. | 3.2.7 |
| | 8. No Claim Bonus Super (NCBS): Up to 50% of Base Sum Insured per year, maximum up to 100% of Base Sum Insured and will reduce by 50% in case of claim. | 3.2.8 |
| | 9. Additional Sum Insured for Accidental Hospitalization: If Insured is admitted under In-patient Care due to an accident, additional 100 % of Sum Insured or Rs. 75 L (whichever is lower) is payable. | 3.2.9 |
| | 10. Additional Sum Insured for Defined Critical Illnesses: If Insured is admitted under In-patient Care/Day Care Treatment due to any of the listed Critical illnesses , additional 100 % of Sum Insured or Rs. 25 L (whichever is lower) is payable. | 3.2.10 |
| | 11. Air Ambulance Cover: Air Ambulance transportation charges (during medical emergency) offered by a hospital/any service provider (in India) are covered Up to Rs. 5 Lacs per Policy Year. | 3.2.11 |
| | 12. Smart Select: Reduction on the premium for treatment taken at listed smart select hospitals, 20% Co-pay shall be applicable if treatment taken other than smart select hospitals. | 3.2.12 |
| | 13. Increase in PED Waiting Period: PED Wait Period gets increased to 2 years / 4 years (as opted). | 3.2.13 |
| | 14. Instant Cover: No PED wait period for Diabetes/ Hypertension/ Hyperlipidemia / Asthma and 30 days Initial wait period shall be applicable. | 3.2.14 |
| | 15. Termination of Automatic Recharge Coverage: Coverage for Automatic Recharge Benefit shall be ceased. | 3.2.15 |
| | 16. Modification of No Claim Bonus: Benefit: No Claim Bonus (NCB) shall be modified to 10% of Sum Insured for every claim free year, maximum up to 50% of Sum Insured and will reduce by same rate as it was accrued. | 3.2.16 |
| | 17. Disease Management Program (DMP): The following DMP's can be opted from any combination (Diagnostic tests can be availed only at the Company's network) : | 3.2.17 |

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| | Asthma: | |
| | Consultations | Up to 4 consultations in a year; maximum up to Rs.750 per consultation |
| | Pharmacy | Up to Rs. 6000 in a year |
| | Diagnostic tests | Chest X-ray Spirometry test Physiotherapy |
| | Diabetes: | |
| | Consultations | Up to 4 consultations in a year; maximum up to Rs.750 per consultation |
| | Pharmacy | Up to Rs. 6000 in a year |
| | Diagnostic tests | HBA1c Urine proteins – microalbuminuria Electrolytes |
| | Hypertension: | |
| | Consultations | Up to 4 consultations in a year; maximum up to Rs. 750 per consultation |
| | Pharmacy | Up to Rs. 6000 in a year |
| | Diagnostic tests | Electrolytes Urine proteins – microalbuminuria 2D-Echo |
| | Hyperlipidemia: | |
| | Consultations | Up to 4 consultations in a year; maximum up to Rs. 750 per consultation |
| | Pharmacy | Up to Rs. 6000 in a year |
| | Diagnostic tests | SGOT SGPT |
| | 18. Modification of Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses – Pre-hospitalization and Post-hospitalization Medical Expenses covered up to 30 days and 60 days respectively, Covered Up to Sum Insured. | 3.2.18 |
| | 19. Companion Benefit – Pays Rs.10, 000 once in a Policy Year, if Insured Person has been hospitalized for at least 10 consecutive days for Illness or Accident. | 3.2.19 |
| | 20. Sub-Limit on Hospitalization related Expenses - Surgeon, Anesthetist, Medical Practitioner, Consultants, and Specialist Fees subject to a maximum up to 25% of the Sum Insured per hospitalization. | 3.2.20 |
| Exclusions (What the policy does not cover) | Permanent Exclusions: Any Claim of an Insured Person arising due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions. 1. Investigation & Evaluation 2. Rest Cure, rehabilitation and respite care | 4.1(b) |

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| | <p>3. Obesity/ Weight Control</p> <p>4. Change-of-Gender treatments</p> <p>5. Cosmetic or plastic Surgery</p> <p>6. Hazardous or Adventure sports</p> <p>7. Breach of law</p> <p>8. Excluded Providers</p> <p>9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</p> <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> <p>Any Claim of an Insured Person arising due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions.</p> <ol style="list-style-type: none"> 1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – I to Policy Terms & Conditions). 2. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature. 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 routine eye examinations and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment 5. Any expenses incurred on external prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, glucometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery. 6. Alopecia wigs and/or toupee and all hair or hair fall treatment and products. 7. Screening, counseling or treatment of any external Congenital Anomaly, 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. 10. All preventive care (except eligible and entitled for Benefit: 'Annual Health Check-up'), Vaccination including Inoculation and Immunizations (except in case of post-bite treatment) and tonics. | <p>4.2</p> |
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| | <p>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.</p> <p>12. Non-Allopathic Treatment, Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or treatment related to any unrecognized systems of medicine.</p> <p>13. 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>14. 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, alcohol or hallucinogens.</p> <p>15. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.</p> <p>16. Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to cosmetics, hygiene articles, body care products and bath additives, as well as similar incidental services and supplies.</p> <p>17. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head or transportation charges by visiting consultant.</p> <p>18. 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:</p> <ul style="list-style-type: none"> 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. <p>19. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.</p> <p>20. 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.</p> <p>21. Remicade, Avastin or similar injectable treatment which is undergone other than as a part of In-Patient Care Hospitalization or Day Care Hospitalization is excluded.</p> <p>22. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 3.1.1(iii).</p> <p>23. Hormone replacement therapy.</p> <p>24. Any other exclusion as specified in the Policy Schedule.</p> | |
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| <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 12 months</p> <p>(option to modify PED wait period available under Optional Benefit - Increase in PED Waiting Period)</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> <p>i) Sub-limits on specified treatments and procedures (Optional Benefit)</p> | | | 3.2.6 |
| | Plan | Sub limit Option 1 | Sub limit Option 2 | |
| | Treatment of Cataract | <ul style="list-style-type: none"> - (SI <Rs.5L) - up to Rs.30,000 per eye; - (SI=Rs.5L- Rs.10L) – up to Rs.40,000 per eye; - (SI>Rs.10L) – up to Rs.50,000 per eye. | <ul style="list-style-type: none"> - (SI <Rs.5L) - up to Rs.30,000 - (SI=Rs.5L- Rs.10L) – up to Rs.40,000 - (SI>Rs.10L) – up to Rs.50,000 | |
| | Treatment of Total Knee Replacement | <ul style="list-style-type: none"> - (SI-Rs.1L) - Up to Rs.40,000 per knee; - (SI-Rs.2L) - Up to Rs.70,000 per knee; - (SI-Rs.3L/Rs.4L) -Up to Rs.80,000 per knee; - (SI-Rs.5L) - Up to Rs.100,000 per knee; - (SI>Rs.5L & SI<=Rs.10L) - Up to Rs.120,000 per knee; - (SI>Rs.10L) - Up to Rs.150,000 per knee. | <ul style="list-style-type: none"> - (SI-Rs.1L) - Up to Rs.40,000; - (SI-Rs.2L) - Up to Rs.70,000 - (SI-Rs.3L/Rs.4L) -Up to Rs.80,000 - (SI-Rs.5L) - Up to Rs.100,000 - (S I > R s . 5 L & SI<=Rs.10L) - Up to Rs.120,000 - (SI>Rs.10L) - Up to Rs.150,000 | |
| | <p>Treatment for each and every Ailment / Procedure mentioned below:-</p> <ul style="list-style-type: none"> i. Cerebrovascular Accident and Cardio vascular Diseases ii. Cancer (Including Chemotherapy / Radiotherapy) iii. Medical Renal Diseases (Including Dialysis) iv. Treatment of Breakage of Long Bones | <ul style="list-style-type: none"> - (SI-Rs.1L) - Up to Rs.70,000; - (SI-Rs.2L) - Up to Rs.150,000; - (SI-Rs.3L) -Up to Rs.200,000; - (SI-Rs.4L) - Up to Rs.225,000; - (SI-Rs.5L) - Up to Rs.250,000 - (SI>Rs.5L & SI<=Rs.10L) - Up to Rs.300,000 - (SI>Rs.10L) - Up to Rs.400,000 | <ul style="list-style-type: none"> - (SI-Rs.1L) - Up to Rs.60,000; - (SI-Rs.2L) - Up to Rs.1,20,000; - (SI-Rs.3L) -Up to Rs.1,50,000; - (SI-Rs.4L) - Up to Rs.1,80,000; - (SI=Rs.5L) - Up to Rs.2,00,000. - (SI>Rs.5L & SI<=Rs.10L) - Up to Rs.2,50,000. - (SI>Rs.10L) - Up to Rs.3,00,000. | |
| (ii) Sub-limits of Advance Technology Methods (Optional Benefit) | | | | |

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| | S.No | Treatment/Procedures | Sub limit Option 1 | Sub limit Option 2 | 3.2.2 |
| | 1 | Uterine Artery Embolization and HIFU | 30% of SI | 15% of SI | |
| | 2 | Balloon Sinuplasty | 10% of SI | 5% of SI | |
| | 3 | Deep Brain stimulation | 50% of SI | 25% of SI | |
| | 4 | Immunotherapy- Monoclonal Antibody to be given as injection | 50% of SI | 25% of SI | |
| | 5 | Intra vitreal injections | 10% of SI | 5% of SI | |
| | 6 | Robotic surgeries | 50% of SI | 25% of SI | |
| | 7 | Stereotactic radio surgeries | 50% of SI | 25% of SI | |
| | 8 | Stem cell therapy | 50% of SI | 25% of SI | |
| | (iii) Sub-Limit on Hospitalization related Expenses up to 25% Sum Insured per hospitalization (Optional Benefit) | | | | 3.2.20 |
| | In case of a claim , this policy requires you to share the following costs(Expenses exceeding the following Sub-limits): Room/ICU charges : Up to 1% of SI/day (for SI<5L) Single Private A/C Room (SI>=5Lac) ICU: Up to 2% of SI/day (for SI<5L) No limit (SI>=5Lac) Option to modify the Room category is available under Optional Benefit as below table | | | | 3.1.1.(viii) |
| | Sr. No | Sum Insured | Room Category (Non ICU) | ICU Category | 3.2.1 |
| | 1 | For <Rs.5L | Single Private AC Room | No Sub-limit | |
| | 2 | For >=Rs.5L | No Sub limit | No Sub-limit | |
| | 3 | SI=5L-10L | Twin Sharing Room | Up to 2% of Sum Insured per day | |
| ii. Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder/ insured) | - Specified Co-payment percentage (as opted) applicable on each claim. | | | | 3.2.7 |
| iii Deductible (It is a specified amount : - 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) iv.Any other limit (as applicable) | - Deductible amount (as opted) applicable on aggregate basis for all claims in a policy year. | | | | 3 (4) and 6.1.6 (b) (ii) |
| Claims/ Claims Procedure | Details of procedure can be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. | | | | |

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| | <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>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 30 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 <p>Web link (https://www.careinsurance.com/rhicl/claim/login) for following :</p> <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 | 6.1 |
| 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 | 5.16 |
| 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 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.</p> <p>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> | 5.16 |
| 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:</p> <ul style="list-style-type: none"> - Care Health- Customer App - WhatsApp number – 8860402452 | 5.15 |

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| | <ul style="list-style-type: none"> - 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> | 5.10 |
| | <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:</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 | 5.8 and 5.9 |
| | <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> | 5.24 |
| | <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> | 5.12 |
| 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 |
| | <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> | 5.18 |

- 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: CHIHLIP22223V012122

IRDAI Registration Number - 148

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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