



student explorē

International Travel & Health Insurance for students

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	Student Explore					
Policy Number						
Type of the Insurance Product/Policy	Both Indemnity and Benefit					
Sum Insured (Basis)	Individual Sum Insured- each member has a separate sum insured under the policy					
Policy Coverage (What the policy covers?) (Policy Clause Number/s)		Explore Start	Explore Plus	Explore Super	Explore Ultra	Refer to policy clause number
Benefit 1						
Medical Expenses – covers the medical expenses incurred by the Insured Person for inpatient treatment arising out of any illness or injury (including inter collegiate sports injuries).		x	✓	✓	✓	Clause 2.1
(A) In-Patient Care – If an Insured Person is diagnosed with an Illness or suffers an Injury that requires the Insured Person's Hospitalization beyond 24 hrs, then the Company will indemnify the Medical Expenses incurred on Hospitalization.		x	✓	✓	✓	Clause 2.1(a)
Pre-Existing Disease Cover In Life Threatening Medical Condition – The scope of cover under Benefit 1 is extended to the Medical Expenses incurred by the Insured Person up to 10% of Sum Insured of Benefit 1 for the Emergency medical treatment rendered in case of a Life Threatening Medical Condition for any sudden, unexpected, unforeseen development attributable to any Pre-existing Disease.		x	✓	✓	✓	Clause 2.1(a).1
Extended Cover In The Country Of Residence – If a Claim is admitted under Benefit 1 :						
(i) We will indemnify for the Medical Expenses incurred on Hospitalization of the Insured Person in the Country of Residence for a maximum period of 60 days from the expiry of the Period of Insurance.		x	✓	✓	✓	Clause 2.1(a).2
(ii) We will indemnify for the costs of direct route – economy class airfare for the Insured Person and one accompanying attendant to return to the Country of Residence from the place of occurrence of the Illness or Injury.						
(B) Out-Patient Care – If an Insured Person suffers an Illness or an Injury that requires the Insured Person to take Out-patient Care, then We will indemnify for the Medical Expenses incurred on that Out-patient Care.		x	✓	✓	✓	Clause 2.1(b)
Benefit 2						
Repatriation of Mortal Remains – provides the cost of transportation of the mortal remains of the person in the event of the death of the Insured Person on the trip or for a local burial or cremation at the place of death.		x	✓	✓	✓	Clause 2.2
Benefit 3						
Medical Evacuation – We will indemnify for the reasonable cost incurred for the Medical Evacuation of the Insured Person in an Emergency through an Ambulance or any other transportation and evacuation services (including necessary medical care en-route forming part of the treatment) for any Illness contracted or Injury sustained by the Insured Person.		x	✓	✓	✓	Clause 2.3
Benefit 4						
Dental Expenses – We will indemnify for the Medical Expenses incurred in connection with any Injury to the Insured Person's Sound Natural Teeth.		x	✓	✓	✓	Clause 2.4

Benefit 5					
Daily Allowance – We will pay for each continuous and completed day of Hospitalization for a period of maximum up to 7 consecutive days if the Illness or Injury suffered by the Insured Person requires Hospitalization. We will not make any payment under this Benefit in respect of the first 3 consecutive days of Hospitalization.	✗	✗	✗	✓	Clause 2.5
What am I covered for?					
Benefit 6					
Accidental Death – We shall pay the Sum Insured in case of death of the Insured Person on account of any Injury (including felonious assault) within twelve calendar months from the date of occurrence of the Injury during the Period of Insurance.	✓	✓	✓	✓	Clause 2.6
Benefit 7					
Permanent Total Disablement (PTD) – We shall pay as per table of benefits in event of permanent total disablement of the Insured Person due to any Injury (including felonious assault) within twelve calendar months from the date of occurrence of the Injury during the Period of Insurance.	✓	✓	✓	✓	Clause 2.7
Benefit 8					
Permanent Partial Disablement (PPD) – We shall pay as per table of benefits in event of permanent partial disablement of the Insured Person due to any Injury (including felonious assault) within twelve calendar months from the date of occurrence of the Injury during the Period of Insurance.	✓	✓	✓	✓	Clause 2.8
Benefit 9					
Compassionate Visit – We will indemnify for the cost incurred by the Insured for the actual cost of a return (two-way) 'direct route – economy class' air ticket from the Country of Residence of an Immediate Family Member to the place of Hospitalization where Insured Person is hospitalized for Emergency Care of any Injury or Illness.	✓	✗	✓	✓	Clause 2.9
Benefit 10					
Loss Of Checked-In Baggage – We will indemnify the Insured for the market value for cost of replacement of the entire baggage and its contents if the entire Checked-In Baggage is lost whilst in the custody of the Common Carrier.	✓	✓	✓	✓	Clause 2.10
Benefit 11					
Delay Of Checked-In Baggage – We will pay if the delivery of the Insured Person's Checked-In Baggage is delayed by more than 12 hours.	✓	✓	✓	✓	Clause 2.11
Benefit 12					
Loss Of Passport – If the Insured Person loses his original passport, We will indemnify for the cost incurred by the Insured Person towards obtaining a duplicate or new passport.	✓	✓	✓	✓	Clause 2.12
Benefit 13					
Loss Of International Driving License – If the Insured Person loses his original International Driving License obtained from India, We will indemnify for the cost incurred by the Insured Person towards obtaining a duplicate or new International Driving License.	✓	✗	✓	✓	Clause 2.13
Benefit 14					
Personal Liability – We shall indemnify the Insured Person against actual legal liability for Damages for Accidental Injury or property damage to third parties arising on account of Insured Person's negligence for which civil claim is made or suit brought against the Insured Person by the third parties not later than 60	✓	✓	✓	✓	Clause 2.14

days from the expiry of the Period of Insurance. We shall also indemnify the Insured Person towards the cost of defense maximum up to 10% of claim amount incurred.					
Benefit 15					
Study Interruption – We will indemnify for tuition fees which are to be paid to the Educational Institute on account of the Insured Person having to repeat the semester due to any of the following reasons:					
(i) Hospitalization of the Insured Person for more than 30 consecutive days or in case of Medical Evacuation to Country of Residence, or	✓	✓	✓	✓	Clause 2.15
(ii) Death of an Immediate Family Member due to an Injury. Provided that no claim has already been made under Benefit 16.					
Benefit 16					
Sponsor Protection – We will indemnify for the balance fees for regular classroom study for the educational course in the event of the death of the Sponsor due to an Injury provided that no claim has already been made under Benefit 15.	✓	✓	✓	✓	Clause 2.16
Benefit 17					
Bail Bond – We will indemnify for the legal costs of procuring a bail bond, which is required to be furnished in the event of the arrest or imminent arrest of the Insured Person by any government or statutory body or authority.	✓	✓	✓	✓	Clause 2.17
Benefit 18					
University Insolvency – We will indemnify cost incurred by the Insured for the actual additional expenses / cost incurred towards accommodation expenses and Common Carrier expenses for returning back to the Country of Residence in case the University in which the Insured Person has applied has become insolvent.	✗	✗	✗	✓	Clause 2.18
Benefit 19					
Trip Delay – We will pay in case the departure of a Common Carrier in which the Insured Person is scheduled to travel is delayed by more than 12 hours solely and directly due to any one of the following:					
(i) Earthquake, flood, rains, storm, cyclone or tempest; or	✗	✗	✗	✓	Clause 2.19
(ii) Terrorism					
Benefit 20					
Loss Of Laptop / Tablet – We shall indemnify for loss incurred due to theft of Laptop / Tablet during travel in a common carrier.	✗	✗	✗	✓	Clause 2.20
Benefit 21					
Emergency Cash Advance – We or the Assistance Service Provider will co-ordinate with the Insured Person’s relatives in his Country of Residence for such relatives to provide emergency financial assistance to the Insured Person if the Insured Person suffers a Financial Emergency.	✗	✗	✗	✓	Clause 2.21
Benefit 22					
Coverage At Home Country – If the Insured Person returns to his Country of Residence during a vacation, the scope of cover during his stay in the Country of Residence shall be restricted to					
(i) Benefit 1 – Medical Expenses – subject to coverage limited to Medical Expenses incurred due to Hospitalization arising due to medical emergency	✗	✓	✓	✓	Clause 2.22
(ii) Benefit 6 – Accidental Death					
(iii) Benefit 7 – Permanent Total Disablement					
(iv) Benefit 16 – Sponsor Protection					

Benefit 23					
Treatment Of Mental And Nervous Disorder – The scope of cover under Benefit 1 is extended to cover mental and nervous disorders Expenses incurred in respect of the Insured Person.	✘	✓	✓	✓	Clause 2.23
Benefit 24					
Treatment Of Alcoholism And Drug Dependency – The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred for Treatment of Alcoholism and Drug Dependency in case of Hospitalization.	✘	✓	✓	✓	Clause 2.24
Benefit 25					
Cancer Screening And Mammographic Examination – The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred for cancer screening and mammographic examination.	✘	✓	✓	✓	Clause 2.25
What am I covered for?					
Optional Cover 1					Clause 3.1
Self Inflicted Injury – The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred due to any self- inflicted injury in case of Hospitalization after the completion of the waiting period of 30 days starting from the Period of Insurance.					
Optional Cover 2					Clause 3.2
HIV/AIDS Cover – The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred for the treatment of acquired immune deficiency syndrome (AIDS) whereas Claim would not be payable if the Insured Person is suffering from HIV / AIDS prior to the Period of Insurance.					
Optional Cover 3					Clause 3.3
Adventure Sports Injury – The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred for the Insured Person due to any sporting Hazardous Activity injury in case of Hospitalization.					
Optional Cover 4					Clause 3.4
Vision Care – We will indemnify the Insured Person for the actual expenses / cost incurred for Vision Check-up and Spectacles damage for the Insured Person with a co-payment of 50% per claim.					
Optional Cover 5					Clause 3.5
Home Care – We will indemnify for the expenses incurred towards hiring a Qualified Nurse with the purpose of providing care and convenience to the Insured Person to perform his daily activities, which facilitate his activities of daily living and are recommended by a Medical Practitioner in writing, provided that We will indemnify for the expenses incurred for up to 30 consecutive days arising from Any One Illness or an Injury except for the first 7 days of hiring of the Qualified Nurse subject to a maximum of 90 days in a Policy Year with a co-payment of 10% per claim.					
Optional Cover 6					Clause 3.6
Family Cover – We provide an option for coverage of spouse and / or up to 2 children on an individual basis for the Benefits mentioned below, subject to Benefit availability in the selected plan:- (i) Medical Expenses (Maximum up to Sum Insured of Medical Expenses of Student) (ii) Delay of checked in baggage (iii) Loss of checked in baggage (iv) Loss of Passport (v) Personal Liability Trip Delay					
Optional Cover 7					Clause 3.7
Maternity Cover – The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred in respect of the Insured Person for Hospitalization for the delivery of the child after the completion of the waiting period.					

Optional Cover 8		
<p>Maternity And New Born Cover – The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred in respect of the Insured Person for Hospitalization for the delivery and vaccination of the new born after the completion of the waiting period.</p> <p>Coverage for vaccination of the new born is restricted to up to US \$ 500 under this Optional Cover.</p>		Clause 3.8
Optional Cover 9		
<p>Co-Payment Option</p> <p>The Insured Person will bear a specified Co-payment and Our liability shall be restricted to the balance amount payable. The Co-payment shall be applicable to each and every claim for each Insured Person.</p> <p>Co-payment under this Optional Cover shall be applicable to the following Benefits / Optional Cover (if opted) :-</p> <ul style="list-style-type: none"> (i) Medical Expense (ii) Dental Treatment (iii) Treatment for mental and nervous disorder (iv) Treatment for Alcoholism and Drug Dependency (v) Cancer screening and mammographic Examination (vi) Adventure Sports Injury (vii) Family Cover (only for Medical Expenses) (viii) HIV / AIDS Cover (ix) Self-inflicted injury 		Clause 3.9
Optional Cover 10		
<p>Deductible Option – The claim amount assessed by Us for a particular claim shall be reduced by a specified Deductible. We shall be liable to make payment under the Policy for any Claim only when the Deductible on that Claim is exhausted.</p> <p>Deductible under this Optional Cover shall be applicable to the following Benefits / Optional Cover (if opted) :-</p> <ul style="list-style-type: none"> (i) Medical Expenses (ii) Maternity Cover (iii) Maternity & New Born Cover (iv) Adventure Sports Injury (v) Family Cover (only Medical Expenses) (vi) HIV / AIDS Cover (vii) Self-inflicted injury 		Clause 3.10
Optional Cover 11		
<p>Complete Pre-Existing Disease Cover In Life Threatening Medical Condition – The scope of cover under Benefit 1 is extended to cover Medical Expenses for Pre-Existing Disease in life threatening medical condition up to 100% of Benefit 1 in case of Hospitalization.</p>		Clause 3.11
Exclusions (What the policy does not cover)	<p>GENERALEXCLUSIONS (applicable to all Benefits & Optional Covers)</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) Any condition or treatment as specified in Annexure – I of Terms and Conditions (ii) The Company shall not admit any Claim in respect of an Insured Person which involves treatment/consultation in any of the hospitals as listed in Annexure – II of Terms and Conditions (iii) The Insured Person: <ul style="list-style-type: none"> a. traveling against the advice of a Medical Practitioner; or b. receiving, or is supposed to receive, medical treatment; or 	Clause 5

	<p>c. having received terminal prognosis for a medical condition; or</p> <p>d. travelling for the purpose of obtaining medical treatment; or</p> <p>e. taking part or is supposed to participate in a naval, military or air force operation or war like or peace keeping operation.</p>	
(iv)	An act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness.	
(v)	Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Person with any criminal intent.	
(vi)	Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadinoopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.	
(vii)	Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy, which is proved by diagnostic means and certification by a gynecologist that it is life threatening.	
(viii)	Any treatment arising from or traceable to any fertility, infertility, sub fertility or assisted conception procedure or sterilization or procedure, birth control procedures, hormone replacement therapy, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.	
(ix)	Any dental treatment or surgery unless necessitated due to an Injury.	
(x)	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.	
(xi)	Charges incurred in connection with cost of spectacles and contact lenses, aids, routine eye and ear examinations, laser surgery for correction of refractory errors, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.	
(xii)	Experimental, investigational or unproven treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment. Any diagnosis or treatment of an Illness or Injury which does not require Hospitalization.	
(xiii)	Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walker, belts, collar, 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 implant(s).	
(xiv)	Weight management services and treatment, services and supplies including treatment of obesity (including morbid obesity).	
(xv)	Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.	

<ul style="list-style-type: none"> (xvi) Treatment of all external Congenital Anomalies or Illnesses or defects or anomalies or treatment relating to external birth defects. (xvii) Treatment of mental illness, stress, psychiatric or psychological disorders. (xviii) Aesthetic treatment, cosmetic surgery and plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an accident injury or burns. (xix) Any treatment or surgery for change of sex or gender reassignments including any complication arising from these treatments. (xx) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident. (xxi) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), vitamins and tonics. (xxii) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health. (xxiii) All expenses related to donor screening, treatment, including surgery to remove organs from the donor, in case of transplant surgery. (xxiv) Non-allopathic treatment. (xxv) Illness or Injury attributable to the consumption, use, misuse of intoxicating drugs or alcohol. (xxvi) Charges incurred at a Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, for which in-patient care is required. (xxvii) 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. (xxviii) Stem cell implantation, harvesting, storage or any kind of treatment using stem cells. (xxix) 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: <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 or 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>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 is also excluded</p> (xxx) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants. 	
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	<p>(xxxi) Any sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.</p> <p>(xxxii) Any claim relating to Hazardous Activities.</p> <p>(xxxiii) Any claim relating to aviation training</p> <p>(xxxiv) Any other exclusion as specified in the Policy Schedule.</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. 	No Waiting Period is applicable in this Add on Policy unless specified under any benefit.	
<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> <ul style="list-style-type: none"> - Up to 10% of Sum Insured of Medical Expenses in case of Pre-Existing Disease Cover in Life Threatening Medical Condition. (Option to waive off sublimit available under optional cover - COMPLETE PRE-EXISTING DISEASE COVER IN LIFE THREATENING MEDICAL CONDITION) 	<p>Clause 2.1.(a).1, Clause 3.11</p>
<p>ii. Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder/ insured)</p>	Specified Co-payment percentage (as opted) applicable on each claim under specified Benefits in a policy year.	
<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>	Deductible amount (as opted) applicable on all claims under specified Benefits in a policy year.	
<p>Claims/ Claims Procedure</p>	<p>Details of procedure can be followed for cashless service as well as for reimbursement of claim.</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>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 at least within 24 hours of admission to the hospital.</p> <p>For assistance related to Policy Servicing, Network hospital details, Claims, etc. please contact below:</p> <p>Name of the Assistance Service Provider - Falck Global Assistance US and Canada Toll free number : +1 8443013135/ +18443013146 Any other country: +91 124 4498760 (Call Back Facility) Fax No. : +91 124 4006674 E-mail : travelassistance@careinsurance.com (for claims)</p>	<p>Clause 7</p>

	<p>Website : www.careinsurance.com Web link (https://www.careinsurance.com/rhicl/claim/login) for downloading claim form.</p>	
Policy Servicing	<p>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</p>	
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</p> <p>Grievance may also be lodged at IRDAI integrated Grievance Management System - https://bimabharosa.irdai.gov.in/</p>	Clause 8.19
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>This Clause shall be applicable only for the policies which are issued for a period of at least 12 months.</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 	Clause 8.10
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> <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>	<p>Clause 8.1</p> <p>Clause 8.4</p>

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: IRDA/NL-HLT/RHI/P-T/V.I/71/2014-15

IRDAI Registration Number - 148

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Care Health-
Customer App



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8860402452

Self Help Portal:

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

Submit Your Queries/Requests:

www.careinsurance.com/contact-us.html