

carē

HEALTH[®]
INSURANCE

**BEST CLAIM SETTLEMENT
COMPANY OF THE YEAR**

9th ANNUAL INDIA INSURANCE SUMMIT & AWARDS 2025[^]



ultimate carē

Customer Information Sheet

[^]The Company Was Awarded 'Best Claim Settlement Company of The Year' Award At The 9th Annual India Insurance Summit & Awards 2025, in March 2025

Customer information sheet

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

S.No	Title	Description (Please refer to the applicable Policy Clause number in next column)	Policy Clause Number
1	Name of the Insurance Product /Policy	Ultimate Care	
2	Policy Number	-	
3	Type of the Insurance Product /Policy	Both Benefit and Indemnity	
4	Sum Insured (Basis) (Along with amount)	- Individual Sum Insured: Maximum up to 6 Persons (each member has a separate sum insured under the policy). - Floater Sum Insured: max up to 2A2C (all members under the policy have a single sum insured limit which may be utilized by any or all members) Sum Insured: 5L \ 7L \ 10L \ 15L \ 20L \ 25L \50L \75L \ 1 Cr\ Unlimited SI	
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Expenses in respect of : BASE BENEFITS 1. Hospitalization Expenses: i. In-patient Care- Admission in hospital beyond 2 hours, covered up to Sum insured. ii. Day-Care Treatments- All Day Care treatments are covered up to Sum insured. iii. Advance Technology Methods- Specified methods taken during Hospitalization, covered up to Sum insured.	3.1.1

		iv. Pre-hospitalization Medical Expenses (treatment prior to admission in hospital) of 60 days, covered up to Sum insured. v. Post-hospitalization Medical Expenses (treatment after discharge from hospital) within 90 days from date of discharge, covered up to Sum insured. vi. AYUSH Treatment- In-patient Care taken for Ayurveda, Yoga, Naturopathy, Sidha, Unani and Homeopathy, covered up to Sum insured. vii. Domiciliary Hospitalization- Treatment taken at home and exceeding 3 days, covered up to Sum insured. viii. Organ Donor cover- Medical expenses incurred in respect of donor, for organ transplant surgery, covered up to Sum Insured.	
		2. Ambulance Cover- Ambulance services utilized through any mode of vehicle not limited to Road, Air, Train service offered by the hospital or registered ambulance service provider, in an emergency situation covered up to Sum Insured.	3.1.2
		3. Cumulative Bonus 50% of base Sum Insured per year irrespective of claim, max up to 100% Note: Shall not reduce in case of claim	3.1.3

		4. Unlimited Automatic Recharge: The base Sum Insured is reinstated unlimited times during the Policy Year. Available for unlimited times for unrelated or same illness.	3.1.4
		5. Health services: Health Portal- Doctor on chat, Healthy tips reminder, etc. Discount Connect- Discounts on services such as consultations, diagnostics, maternity etc. at our network.	3.1.5
		6. Loyalty Boost: If the Insured Person does not make any Hospitalization Expenses related claim for 7 consecutive Policy Years then the Company shall provide additional 100% of the Sum Insured as Loyalty Boost. Note- Waiting Period shall be waived of from this additional Sum Insured	3.1.6
		7. New Born Wait Period Benefit: If New Born Child is added in the policy within 90 days from the birth then the wait period already served by Primary Insured Person under this Policy shall be considered as served for the new born child as well.	3.1.7
		8. Medi Voucher: 2 pharmacy vouchers of specified amount shall be provided on 1st renewal with the Company.	3.1.8
		Optional Benefits	
		1. Pre-Post Hospitalization Expenses Modification: Offers modification of Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses under the Policy, to the no. of days as opted.	3.2.1
		2. Infinity Bonus: 100% of base Sum Insured per year irrespective of claim for unlimited times on continuous renewal of Policy. Note: Shall not reduce in case of claim.	3.2.2

		3. Unlimited Automatic Recharge Booster: available for 1st claim in a lifetime of Policy. 200% cover for the first claim in a lifetime of Policy and 2nd Claim onwards – up to Base Sum Insured.	3.2.3
		4. Premium Payback: In case no Hospitalization Expenses related claim is made for the preceding 5 consecutive Policy Years, then 1st Policy Year premium of base plan shall be refunded in every block of 5 years.	3.2.4
		5 Unlimited Care: Indemnify the Hospitalization Expenses incurred in respect of the Insured Person for any one claim during the lifetime of the Policy without any limits on the Base Sum Insured	3.2.5
		6. Unlimited E-Consultations: Unlimited e-consultations with qualified General Physicians and Specialist at company's network through Voice/Video Call/ Chat/ Email Chat/etc.	3.2.6
		7. Cover Pause: If Insured Person(s) travels outside India during the Policy Year then the Policy coverage can be paused for maximum period of 30 continuous days and the Policy Period shall be extended by the number of days the coverage was paused.	3.2.7
		8 Grace Period cover: Provide coverage under 'Hospitalization Expenses' Benefit incurred during the grace period for the Policies due for renewal.	3.2.8
		9 Tenure Multiplier: This Benefit allows Insured Person to combine the annual Sum Insured of Policy across the entire Policy tenure in case of a multi-year Policy. It can be utilized once during entire Policy Period for a single claim.	3.2.9
		10. Instant Cover: No PED wait period (for Diabetes/ Hypertension/ Hyperlipidimia / Asthma /Obesity / Hypothyroidism/Coronary Artery Disease (PTCA prior 1 year). coverage	3.2.10

		shall start from the 31st day of Policy start date after serving Initial wait period of 30 days.	
		11. Claim Shield: Specified non-payable items are covered up to Sum Insured.	3.2.11
		12. Inflation Shield: Sum Insured shall increase on cumulative basis at each renewal on the basis of inflation rate in previous year. In case inflation rate of previous year is not available at renewal, then the inflation rate available for penultimate calendar year shall be considered.	3.2.12
		13. Be-Fit Plus Benefit: Unlimited visits to Fitness centres can be availed by Insured Person aged above 12 years.	3.2.13
		14. Concierge/ Geriatric Care: The following services are available at home. 1. Emergency Doctor on Call 2. Access to 24*7 Help Desk 3. Fortnightly health check-up via electronic mode- Once in a 15 Days 4. Health related content access	3.2.14
		15. Maternity Cover: Indemnify the Medical Expenses towards Hospitalization of an Insured Person for the delivery of a child including pre-natal & post-natal Medical Expenses, up to specified percentage of Sum Insured, maximum up to specified limit per Policy Year subject to wait period as opted. Coverage amount under this Benefit can accumulate up to 3 times provided no claim has been made under this Benefit.	3.2.15
		16. New born Baby Cover: indemnify the Hospitalization Expenses within 'Maternity Cover' Sum Insured up to 90 days, incurred towards new born baby of an Insured Person whose claim under Benefit 'Maternity Cover' is admissible by the Company during the Policy Period.	3.2.16

	17. New Born External Congenital Disease/Defects: indemnify the Hospitalization Expenses up to specified amount incurred towards treatment of medically diagnosed external congenital defects/ disease of new born baby whose claim under Benefit 'Maternity Cover' is admissible by the Company	3.2.1 7
	18. New Born Vaccination: Indemnify the Medical Expenses incurred on Vaccinations of the new born baby till one year of age during the policy period up to Rs.10,000. This cover is available only if Optional Benefit- 'Maternity Cover' has been opted under this Policy.	3.2.1 8
	19. Assisted Reproductive Treatment: Covered up to 50K/ 1 lac/2Lac /5 lac; Wait Period – 1/2 Year. Payable only once at every block of 1 year after serving applicable waiting period subject to policy renewal.	3.2.1 9
	20. OPD Reward: In case no claim related to Hospitalization Expenses other than accidental claims for the preceding 3 Policy Years, we will offer OPD voucher up to 5k/ 10K	3.2.2 0
	21. Policyholder – Child Protection: In case of death of Policyholder, 25% discount shall be given on upcoming renewal premium till Insured Dependent child's age of 30 years. Entry age of Dependent Child should be <= 25 years.	3.2.2 1
	22. Spouse Care: After marriage if the spouse is added in existing Policy of Insured Person, then- - The Spouse shall be eligible for the Cumulative Bonus that is already accrued under the Policy.	3.2.2 2

		- Wait period served in existing Policy shall pass on to spouse as well. Note- Intimation of addition of Spouse in Policy must be made within 180 days from marriage. This Benefit can be opted only at the time of inception of the Policy.	
		23. Smart Select: Reduction on the premium for cashless treatment taken at listed smart select hospitals, 20% Co-pay shall be applicable if treatment taken other than smart select hospitals or in listed smart select hospital but on reimbursement basis instead of cashless.	3.2.2 3
		24. Room Rent Modification: Room Rent / Room Category limit gets modified to General Ward max. up to Rs. 3000 per day/ General ward/ Twin Sharing Room / Single Private Room (as opted)	3.2.2 4
		25. PED Wait Period Modification: PED Wait Period gets modified to 0 day/ 1 year/ 2 years (as opted)	3.2.2 5
		26. Named Ailments Wait Period Modification: Named Ailment wait period gets modified to 0 day/ 1 year / 3 Years (as opted)	3.2.2 6
		27. Initial Wait Period Modification: Initial wait period gets modified to 0 day.	3.2.2 7
		28. Deductible: Deductible amount (as opted) shall be bear by Insured before any benefits are payable by the Company and is on aggregate basis for all claims in a policy year	3.2.2 8
		29. Co-Payment: Co-payment % (as opted) of the admissible claim amount shall be bear by the Insured.	3.2.2 9
		30. Plus benefit: Additional 20% / 50% / 100% /500% SI from day 1	3.2.3 0

		31. Wellness benefit: a. Renewal premium discount (bases upon target steps achieved, for Adult Insured Person aged ≥ 18 years) b. Access to Digital Fitness Coaching c. Access to AI Fitness Coaching d. Access to Nutritionist/Wellness Coach (b., c., d., to be available at company's network for insured persons aged >12 years)	3.2.3 1
		32. Women Care: Out-Patient Medical Expenses covered up to the specified amount per year as opted (cashless only), for the diagnosis for Mammography , Cervical Cancer screening and PCOS/PCOD (only for women aged ≥ 18 Years)	3.2.3 2
		33. Mental Health Wellbeing: Out-Patient Medical Expenses covered up to the specified amount per year as opted (cashless only), for Consultation, Counseling and rehabilitation of - Acute depression, Obsessive compulsive disorder , Anxiety and PTSD.	3.2.3 3
		34. Annual Health Check-up: Health check-up is arranged (for listed tests) at Network Provider/ other empanelled Service Providers, once every Policy year for all Insured members, on cashless basis.	3.2.3 4
		35. Smoking & Alcohol Rehabilitation: Insured Person who is above 18 years of age, may avail online tobacco cessation and alcohol de-addiction program during Policy year through the Company's network.	3.2.3 5

		36.	Durable Medical Equipment: Indemnify up to specified amount subject to deductible as opted for medically necessary medical aids, devices or durable medical equipment (including but not limited to wheelchairs, hearing aids) prescribed by a Medical Practitioner at the time of discharge as a medical aid.	3.2.3 6
		37.	Surrogacy Care: Cover Hospitalization Expenses up to specified amount related to complications arising during pregnancy & post-partum delivery for the Surrogate Mother.	3.2.3 7
		38.	Oocyte Care: Cover Hospitalization Expenses up to specified amount related to complications arising due to Oocyte retrieval of Oocyte donor.	3.2.3 8
		39.	Travel Plus: If an Insured Person is on a foreign land out of India, the following Benefits can be availed. Coverage duration is 2/7 continuous days.	3.2.3 9

		iii Loss of Passport and/or International Driving License iv Loss of Checked-in Baggage v Delay of Checked-in Baggage vi Trip Cancellation vii Trip Interruption	US \$ 300; Max. US \$ 100 in case of loss of IDL up to \$ 500, Deductible of \$ 50 per Claim \$ 100, Deductible – 12 hours per Claim up to \$ 1000 up to \$ 500	€ 200; Max. € 75 in case of loss of IDL Up to € 300, Deductible of €30 per Claim € 100, Deductible – 12 hours per Claim Up to € 750 Up to € 300	
		Option under Travel Plus			
		Life Threatening Condition due to PED	Up to 10%; Max. up to \$10000 /25% Max. up to \$25000 /100% of SI; Max. up to \$100000	Up to 10%; Max. up to €10000 /25% Max. up to €25000 /100% of SI; Max. up to €100000	
		40. Cancer Care: indemnify the Medical Expenses incurred in respect of Insured Person who has been previously diagnosed and treated for Cancer and now in good health as certified by Medical Practitioner, as per following options: A) Coverage related to cancer shall be provided as per the option opted from below: Option 1: Treated and cured cancer condition (Recurrence of Cancer, Metastasis)– Covered up to 25% of Sum Insured per year;			3.2.40

		Note: Other cancers (second malignancy unrelated to first cancer) diagnosed after policy issuance – Covered up to Sum Insured. Option 2: Any cancer (including treated and cured cancer condition) – covered up to 2 times the base SI for lifetime. B) For other conditions, Insured Person shall be eligible for the coverage as available under the Policy. Note: - No other Optional Benefit/ add-on can opted once "Cancer Care" option is opted. - Only individual 1A policy will be issued for Cancer Care.	
		41. Out-patient Consultations: Up to 5,000 with General Physicians & Specialist Physician, Limit per consultation is Rs.500/-	3.2.4 1
		42. Out-patient Dental and Vision Care: Dental Treatments - Cover Dental consultations and treatment on individual basis Vision Care - Cover consultations , prescribed diagnostic tests on individual basis Covered up to 5,000/10k/20k, Waiting period : 6 months	3.2.4 2
		43. Physical Consultations with General Physicians: Max. 4 physical consultations per Insured per Policy Year with General Physicians. Subject to Maximum up to specified amount per consultation in a Policy Year Co-payment of 10% per claim is applicable if per consultation limit opted is greater than Rs.500	3.2.4 3

		44. Physical Consultations with Specialist Doctors: Max. 4 physical consultations per Insured per Policy Year with listed specialist doctors. Subject to Maximum up to specified amount per consultation in a Policy Year Co-payment of 5% per claim is applicable if per consultation limit opted is greater than or equal to Rs.1000	3.2.4 4
		45. OPD Diagnostic: Indemnifies diagnostic expenses as prescribed by Medical Practitioner up to the amount opted.	3.2.4 5
		46. OPD Pharmacy: Covered up to specified amount, as opted	3.2.4 6
		47. OPD Care: Covered up to specified amount, as opted for consultation, diagnostics & pharmacy.	3.2.4 7
		48. Women Support Program: Online program that support women related issues, can be availed by Insured Person aged 12 years and above.	3.2.4 8
		49. Premium Freeze: Insured Person age will be locked at entry when a policy is purchased 1st time with the Company until a claim is paid.	3.2.4 9
6	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. - Investigation & Evaluation - Rest Cure, rehabilitation and respite care - Obesity/ Weight Control - Change-of-Gender treatments - Cosmetic or plastic Surgery - Hazardous or Adventure sports	4.1(b)

		7. Breach of law 8. Excluded Providers 9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. 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. 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 12. Refractive Error 13. Unproven Treatments 14. Sterility and Infertility 15. Maternity	
		Specific 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. 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.	4.2

		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. 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.	
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		12. Non-Allopathic Treatment, Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or treatment related to any unrecognized systems of medicine. 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. 14. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane. 15. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness. 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. 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. 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: 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	
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		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. 19. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner. 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. 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. 22. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 3.1.1(iii). 23. Hormone replacement therapy. 24. Any Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol, hallucinogens, smoking.	
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		25. Any treatment or part of treatment or any expenses incurred under this Policy that is not reasonable and customary and/or not medically necessary. Additional exclusion applicable for Benefit 'Travel Plus' 26. The Insured Person is: (i) Traveling against the advice of a Medical Practitioner; or (ii) Receiving, or is supposed to receive, medical treatment; or (iii) Having received terminal prognosis for a medical condition; or (iv) Travelling for the purpose of obtaining medical treatment; 27. Any condition directly or indirectly caused by or associated with any sexually transmitted disease except arising out of HIV. 28. Any dental treatment or surgery unless necessitated due to an Injury or any Acute Pain 29. All expenses related to donor screening, treatment, including surgery to remove organs from the donor, in case of transplant surgery. 30. Stem cell implantation, harvesting, storage or any kind of treatment using stem cells. 31. The Insured Person engaged in any air travel unless he is flying as a passenger on an airline. 32. Travel by any Insured Person against whom general or special travel restrictions have been imposed. 33. Any consequential losses. 34. Any specific time-bound or lifetime exclusions specified in the Policy Schedule.	
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	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)	Deductible amount (as opted) applicable on all claims in a policy year.	3.2.2 8
	iv. Any other limit (as applicable)	Not Applicable	
9	Claims/ Claims Procedure	Details of procedure can be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. 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/ Assistance Service Provider's website 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 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 / Assistance Service Provider 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. Turn Around Time (TAT) for claims settlement: - TAT for preauthorization of cashless facility: 1 hour - TAT for cashless final bill authorization: 3 hours Note: Above TAT is not applicable for Benefits effective out of India. Web link (https://www.careinsurance.com/rhicl/claim/login) for following: - Network hospital details - Helpline number - Hospitals which are blacklisted or from where no claims will be accepted by insurer - Downloading/getting claim form For Benefits effective out of India: assistance related to Policy Servicing, Network hospital details, Claims, etc. please contact below: 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)	6.1
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		Fax No.: +91 124 4006674 E-mail: travelassistance@careinsurance.com (for claims) Website: www.careinsurance.com	
10	Policy Servicing	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
11	Grievances/ Complaints	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 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/	5.16
12.	Things to remember	Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from date of receipt of the policy document. For free look cancellation process reach us: - Care Health - Customer App - WhatsApp number - 8860402452	5.15

		- Self Help Portal - https://www.careinsurance.com/self-help-portal.html - Submit Your Queries/ Requests - https://www.careinsurance.com/contact-us.html	
		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.	5.10
		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. 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	5.8 and 5.9
		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.	5.24
		Moratorium Period: After completion of five continuous years under the policy, no look back to be applied. This period of five years is called the moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of five continuous years	5.12

		would be applicable from date of enhancement of sums insured only on the enhanced limits. 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.	
13.	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period. 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.	5.1
		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	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 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: CHIHLP25044V012425

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