



### Group Active Health - Certificate of Insurance

Policy Issuing Office	<ABHI Mumbai HO Office>	Policy Servicing Office	<Branch Name & Address associated with the Intermediary Code>
Master Policy Number	<Master Policy No.>	Certificate Number	<Unique Certificate Number from the system>
Product Name	<Product Name as approved by IRDA>	Member ID	<Unique Member Id>
Name of Insured Person and Residential Address of Insured Person	<Name of the Member>	Unique Identification Number	

Start date & Time of Master Policy	<00:01 hrs Start date of the current policy>
Expiry Date & Time of Master Policy	<23:59 on End date of the current policy>
Period of Insurance	
Inception Date	<00:01 hrs Start date of the current policy>
End Date	<23:59 on End date of the current policy>
<<Individual/Family Floater>>	

#### Insured Person Detail

Insured Person	Date of Birth	Gender	Nominee	Relationship	Sum Insured
<Name of the Member>	<DOB of Member>	<Gender>	<Nominee Name>	<Nominee Relationship>	<Sum Insured>
<Name of the Dependent>	<DOB of Dependent>	<Gender>			<Sum Insured>
<Name of the Dependent>	<DOB of Member>	<Gender>			<Sum Insured>

#### Benefit Description

Group Mediclaim	<As per Quote>
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#### Policy Exclusions

<As per Quote & Policy Wordings>	<As per Quote & Policy Wordings>
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#### Premium Details

Particulars	Amount (Rs.)
Net Premium	<Net Premium>
CGST (9%)	<CGST>
SGST / UTGST (9%)	<SGST / UTGST>
IGST (18%)	<IGST>
Gross Premium	<Gross Premium>
Premium payment mode	Annual/Monthly/Quarterly/Semi-Annually

GST Registration No.: <GST Registration No.>

Category: General Insurance

SAC Code: 997133

#### Claim Process

Please contact us through any of these Modes	Address for Correspondence	<<Aditya Birla Health Insurance Co. Ltd.>>
	Contact Number	<<Helpline Numbers including toll free numbers>>
	Fax Number	<<Fax Number>>
	Email ID	<<Claims Service Email Id>>

#### Grievance Redressal

In case of a grievance, the Insured Person/ Policyholder can contact Us with the details through:

Our website: [adityabirlahealth.com/healthinsurance](http://adityabirlahealth.com/healthinsurance)

Email: [customercare.abh@adityabirla.com](mailto:customercare.abh@adityabirla.com)

Toll Free : 1800 103 1033

Address: Any of Our Branch office or Corporate office

For senior citizens, please contact the respective branch office of the Company or call at 1800 103 1033 or may write an e- mail at [seniorcitizen.abh@adityabirla.com](mailto:seniorcitizen.abh@adityabirla.com)

The Insured Person can also walk-in and approach the grievance cell at any of Our branches. If in case the Insured Person is not satisfied with the response then they can contact Our Head of Customer Service at the following email [headcustomercare.abh@adityabirla.com](mailto:headcustomercare.abh@adityabirla.com). If the Insured Person is still not satisfied with Our redressal, he/she may approach the nearest Insurance Ombudsman. The contact details of the Ombudsman offices are provided on Our website and in the Policy.

**PREMIUM CERTIFICATE**

Premium Certificate is for the purpose of deduction under Section 80-(D) of Income Tax (Amendment) Act 1986.

This is to certify that <Name of the Policyholder> paid Rs.<Am as per Receipt> (In words \_\_\_\_\_) towards Premium for Health Insurance for the Period From 00:00 on (<Policy Start Date>) to midnight (<Policy End Date>).

Instrument Number	Instrument Date	Amount	Name of the Bank

Master Policy Number: <Master Policy Number>

Certificate Number: <Unique Certificate Number>

Date: <Policy Issue Date>

Place: <Mumbai>

**Note:** Amount is inclusive of all taxes and cesses as applicable. This certificate must be surrendered to the Insurance Company for issuance of fresh certificate in case of cancellation of Master Policy or any alteration in the insurance affecting the premium.

**Important –**

1) In case of payment by cheque, in the event of dishonour of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not

**Coverage Details**

Section II : Base Covers		
	Base Covers	Coverage
1.1	In-patient Hospitalization	<< Sum Insured>> Hospital Room Covered upto <<Rs ___ Or % of Sum Insured per day, maximum upto Rs ___ >> ICU Charges covered upto << Rs ___ Or % of Sum Insured per day, maximum upto Rs ___ >>
1.2	Day Care Treatment	<<List of Day Care Treatment as listed in Annexure I >>
1.3	Domiciliary Hospitalization	<<Covered upto Sum Insured>>
1.4	Pre – hospitalization Medical Expenses	<< ___ days>>
1.5	Post-hospitalization Medical Expenses	<< ___ days>>
1.6	Organ Donor Expenses	<<Covered upto Sum Insured, maximum upto 50 Lacs >>
1.7	Road Ambulance Expenses	<<Covered upto Actual Expenses>> <<Covered upto Rs ___ OR % of Sum Insured>>
2	Hospital Cash	<<Rs __ per day, with a deductible of __ days>> <<Coverage shall be limited to __ days per Hospitalization event and __ days per Policy Year>>
3	OPD Expenses	<<Covered upto Rs ___ >> <<% Co-pay applicable>> OR <<Doctor's visit Covered upto Rs ___ >> <<No. of visit per annum: ___ >>
4	Chronic Management Program	<<Covered for Diabetes, Hypertension, Hyperlipidemia, Asthma>> <<Covered for Diabetes >> <<Covered for Hypertension >> <<Covered for Hyperlipidemia>> <<Covered for Asthma>>

5	AYUSH Treatment (In-patient Hospitalization)	<<Cover upto Rs __>>																																																																																				
6	Psychiatric In-patient Care	<<Covered upto Rs ___>>																																																																																				
7	Worldwide Critical Illnesses Cover	<p><b>Available for the listed Critical Illnesses</b></p> <ol style="list-style-type: none"> <li>1. Cancer of specified severity</li> <li>2. Myocardial Infarction (First Heart Attack of specific severity)</li> <li>3. Open Chest CABG</li> <li>4. Open Heart Replacement or Repair of Heart Valves</li> <li>5. Coma of Specified Severity</li> <li>6. Kidney Failure Requiring Regular Dialysis</li> <li>7. Stroke Resulting in Permanent Symptoms</li> <li>8. Major Organ / Bone Marrow Transplant</li> <li>9. Permanent Paralysis of Limbs</li> <li>10. Motor Neuron Disease with Permanent Symptoms</li> <li>11. Multiple Sclerosis with Persisting Symptoms</li> </ol>																																																																																				
8	Sub-limits for specified Illness/ Conditions	<< illnesses opted _____ : Sum Insured _____>>																																																																																				
9	Package treatment for Specific Illnesses/ Conditions	Package opted <<>> As listed in Annexure III																																																																																				
10	Accidental In-patient Hospitalization	<<Sum Insured>> <<Hospital Room Category>>																																																																																				
<b>Section III: Optional Covers</b>																																																																																						
11	Health Check-up Program	<<Medical tests as defined>> <<Covered upto Rs ___>> <<Coverage for all members/Insured Persons in the Policy>> <<Coverage for members/Insured Persons above 18 years>>																																																																																				
12	Daily cash for choosing lower category Room	<<Available>>																																																																																				
13	Fitness Assessment	<<Once/Twice in a policy year>>																																																																																				
14	HealthReturns™	<table border="1" style="margin-bottom: 10px;"> <thead> <tr> <th colspan="4">Healthy Heart Score™</th> </tr> <tr> <th>Activ Dayz™</th> <th>Red</th> <th>Amber</th> <th>Green</th> </tr> </thead> <tbody> <tr> <td>0-3</td> <td>0%</td> <td>0%</td> <td>0%</td> </tr> <tr> <td>4-6</td> <td>1%</td> <td>2%</td> <td>4%</td> </tr> <tr> <td>7-9</td> <td>2%</td> <td>4%</td> <td>7%</td> </tr> <tr> <td>10-12</td> <td>4%</td> <td>5%</td> <td>11%</td> </tr> <tr> <td>13+</td> <td>6%</td> <td>9%</td> <td>18%</td> </tr> </tbody> </table> <table border="1" style="margin-bottom: 10px;"> <thead> <tr> <th colspan="4">Healthy Heart Score™</th> </tr> <tr> <th>Activ Dayz™</th> <th>Red</th> <th>Amber</th> <th>Green</th> </tr> </thead> <tbody> <tr> <td>0-3</td> <td>0%</td> <td>0%</td> <td>0%</td> </tr> <tr> <td>4-6</td> <td>1%</td> <td>2%</td> <td>5%</td> </tr> <tr> <td>7-9</td> <td>2%</td> <td>5%</td> <td>10%</td> </tr> <tr> <td>10-12</td> <td>4%</td> <td>7%</td> <td>14%</td> </tr> <tr> <td>13+</td> <td>6%</td> <td>12%</td> <td>24%</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="4">Healthy Heart Score™</th> </tr> <tr> <th>Activ Dayz™</th> <th>Red</th> <th>Amber</th> <th>Green</th> </tr> </thead> <tbody> <tr> <td>0-3</td> <td>0%</td> <td>0%</td> <td>0%</td> </tr> <tr> <td>4-6</td> <td>1%</td> <td>2%</td> <td>6%</td> </tr> <tr> <td>7-9</td> <td>2%</td> <td>5%</td> <td>12%</td> </tr> <tr> <td>10-12</td> <td>4%</td> <td>7%</td> <td>18%</td> </tr> <tr> <td>13+</td> <td>6%</td> <td>12%</td> <td>30%</td> </tr> </tbody> </table> <<Split between Employer and Employee in the proportion of ___ : ___>>	Healthy Heart Score™				Activ Dayz™	Red	Amber	Green	0-3	0%	0%	0%	4-6	1%	2%	4%	7-9	2%	4%	7%	10-12	4%	5%	11%	13+	6%	9%	18%	Healthy Heart Score™				Activ Dayz™	Red	Amber	Green	0-3	0%	0%	0%	4-6	1%	2%	5%	7-9	2%	5%	10%	10-12	4%	7%	14%	13+	6%	12%	24%	Healthy Heart Score™				Activ Dayz™	Red	Amber	Green	0-3	0%	0%	0%	4-6	1%	2%	6%	7-9	2%	5%	12%	10-12	4%	7%	18%	13+	6%	12%	30%
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15	HIV Cover	<<Covered upto Sum Insured, maximum upto Rs. 10 Lacs >>
16	Infertility Treatment	<<Covered upto Rs ___ >>
17	Wellmother cover	<<Available>>
18	Preferred Network Providers	<<Available>>
19	Sports Activity Cover	<<Available>>
20	Second E – Opinion	Available for the listed Critical Illnesses as below OR for a medical condition/ treatment/ Surgical Procedure suffered by the Insured Person <<1 Cancer of specified severity 2. Myocardial Infarction (First Heart Attack of specific severity) 3. Open Chest CABG 4. Open Heart Replacement or Repair of Heart Valves 5. Coma of Specified Severity 6. Kidney Failure Requiring Regular Dialysis 7. Stroke Resulting in Permanent Symptoms 8. Major Organ / Bone Marrow Transplant 9. Permanent Paralysis of Limbs 10. Motor Neuron Disease with Permanent Symptoms 11. Multiple Sclerosis with Persisting Symptoms>> <<Available __ times per Policy Year>>
21	Health Assessment™	<<Covered for :- Medical Examination Report, Blood Pressure, Basal metabolic rate, Height weight ratio, smoking status, Fasting Blood Sugar, Total Cholesterol>> <<Frequency>> <<Coverage for all members/Insured Persons in the Policy>> <<Coverage for members/Insured Persons above 18 years>>
22	Recovery Benefit	<<Rs 10,000, once in a Policy Year>>
23	Maternity Benefit	<<Coverage from day 1>> <<Coverage after 9 months>> <<Coverage upto __ deliveries/ terminations>> <<Covered upto Rs __ under normal delivery>> <<Coverd upto Rs __ limit under other than normal delivery>> <<including pre and post natal maternity expenses>>
24	New Born Baby Expenses	<<Covered within the limit of Maternity Benefit>> <<Covered upto Sum Insured>>
25	Vaccinations Expenses	<<Covered upto Rs ___ >>
26	Domestic Emergency Medical assistance	<<Available>>
27	International Emergency Medical assistance	<<Available>>
28	Corporate Buffer	<< Amount/ % of Sum Insured per Insured Person/ family/ in case of Accidents, Critical Illnesses and terminal Illnesses>> <<Critical Illnesses as specified>> <<Requirements of group, if any>>
29	Reload of Sum Insured	<<Reload available upto 10% of Sum Insured>> <<Reload upto 50% of Sum Insured>> <<Reload available upto 100% of Sum Insured>> <<For particular - Category of Sum Insured XX/ Above a Sum Insured of XX >>
30	Ultra Modern Medicine	<<Cover for the treatments named __ >> <<Covered upto a limit of __ >>
31	Coverage Continuity in case of Pink Slip	<<Available>>
32	Healthy Pregnancy Program	<<Advanced & Enhanced variant>> <<Basic variant>>
33	Comprehensive Corporate Floater	<<illness selected>>, << Amount/ % of Sum Insured per Insured Person/ family for the selected illness>>

34	Wellness Coach	<<Available>>
35	Sub-limits for specific Treatment/ Surgery	<<Treatment/ Surgery: ___ Sum Insured: ___ >>
<b>Section IV : Waivers and Discounts</b>		
36	External Congenital Anomaly	<<Covered upto Sum Insured, , maximum upto 10 Lacs per policy year >>
37	Co-Payment	<<_ _ %>>
38	Deductible per Claim	<<Rs _ _ on each claim >>
39	Deductible on Aggregate Claim	<<Rs _ _ on the aggregate claims in a Policy Year>>
40	Coverage under Non- Medical Expenses	<<Available>>
41	Pre-Existing Disease Waiting Period	<<Not Applicable>> <<_ _ _ years>>
42	Two Year Waiting Period	<<Applicable>> <<Not Applicable>>
43	First 30 Days Waiting Period	<<Applicable>> <<Not Applicable>>
44	Waiver of exclusion of-attempted Suicide	<<Applicable>> <<Not Applicable>>