



RELIGĀRE
Values that bind

Health
Insurance

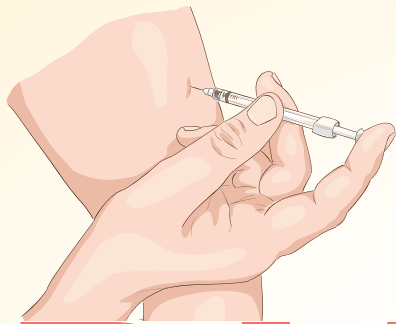
Ab Health Hamesha

WE STAY WORRY-FREE
THANKS TO RELIGARE HEALTH INSURANCE



INDIA HAS OVER 150 MILLION
INDIVIDUALS ABOVE
THE **AGE OF 50**

DECREASING IMMUNITY
WITH AGE MAKES THEM
SUSCEPTIBLE TO DISEASES



DIABETES

India has over 65.1 million diabetics and is known as the Diabetes capital of the world



40% diabetic people
get Skin infections

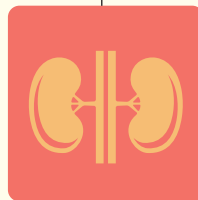


45% diabetic
cases will lead
to Heart problems

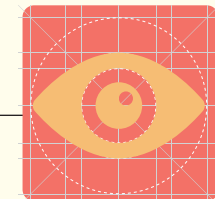


DIABETES

35% of people
with diabetes have
Kidney problems



60% diabetic people face
Eye-related problems



OBESITY:

India is the third most obese country in the world. One in every five Indian men and women are either obese or overweight.



HYPERTENSION:

Over 140 million people are hypertensive in India and this number is expected to cross the 214 million mark in 2030. It is a major contributor to cardio-vascular diseases.



RESPIRATORY DISORDERS:

Asthmatics in India are estimated to be up to 30 million. 80 people die daily in Delhi only due to breathing of polluted air



WHY GETTING INSURANCE IS
DIFFICULT FOR PEOPLE OF

AGE > 45

A white stethoscope graphic is positioned at the bottom of the slide, with its two earpieces pointing upwards towards the text 'AGE > 45'. The stethoscope's tubing forms a wide, shallow U-shape that frames the text.

- * Growing incidence of nuclear families causing most elderly parents to stay separately with limited financial resources
- * More frequent need for healthcare causing elderly to have difficulty in getting the right insurance products



- ✦ Need to undergo stringent medical tests before getting health insurance
- ✦ They generally suffer from some form of health ailments like diabetes or hypertension with average age of a diabetic in india being 42.5years...
- ✦ 40% of individuals within the age group 40-50 are feared to be hypertensive and the number reaches 55% for age group 61-65



**WHAT IS THE
SOLUTION?**

Presenting

carē
FREEDOM

Get Health Insurance without
any Medical Check-Ups*



KEY FEATURES OF CARE FREEDOM



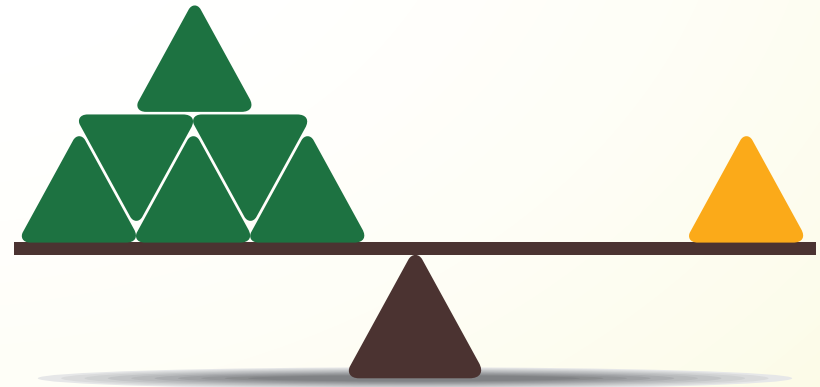
- ✦ Plan for people in the Age Group of 46-70 & there will be no Medical Underwriting for Any Age & Sum Insured
- ✦ Only 2 years wait period for pre-existing diseases
- ✦ Recharge of Sum Insured
- ✦ Annual Health Check-up



- ✦ Companion Benefit
- ✦ Family Floater option
- ✦ Only 20% co-payment even with pre-existing diseases
- ✦ Affordable premiums



COMPARISON OF CARE FREEDOM WITH OTHER SIMILAR PRODUCTS



CARE FREEDOM

- ✿ Annual Health check-up for all insured members covered as adults.
- ✿ Automatic recharge of Sum Insured.
- ✿ Consumable allowance given to take care of incidental expenses.
- ✿ No sub-limit on surgeon's fees, anaesthetist and specialist's fees, cost of blood, oxygen, etc.
- ✿ Floater option available to cover your family at affordable premiums. Only 20% co-payment on pre-existing diseases.

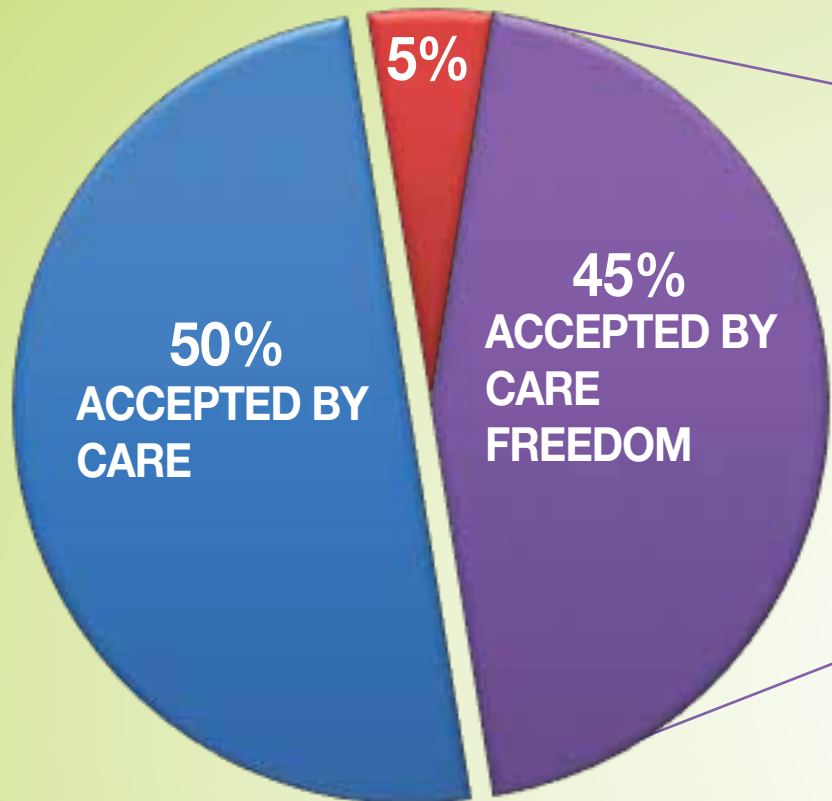
OTHER SIMILAR PRODUCTS

- ✿ No Health check-up offered.
- ✿ Recharge not offered.
- ✿ Consumable allowance not offered.
- ✿ Surgeon's fees, consultant's fees, anaesthetist and specialist's fees of up to 25% of Sum Insured per hospitalization. Cost of blood, oxygen, pacemaker drugs and diagnostic tests up to 50% of Sum Insured per hospitalization.
- ✿ Only Individual cover type allowed
Co-payment of up to 50% on pre-existing diseases.





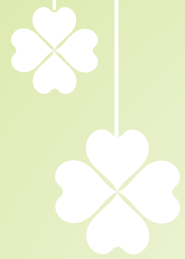
INCLUSIVENESS OF CARE FREEDOM



Above 45 years and don't want to undergo medical tests

People with pre-existing diseases but not in Negative List

- Care
- Negative List
- Care Freedom



CARE FREEDOM PLAN DETAILS



Plan Name	Care Freedom		
	3 Lakh	5 Lakh	7/10 Lakh
Sum Insured – on annual basis (in Rs.)	3 Lakh	5 Lakh	7/10 Lakh
In-Patient Care/Day Care Treatment	Up to Sum Insured		
Room Rent	Twin Sharing up to 1% of Sum Insured per day	Twin Sharing	Single Private Room
ICU Charges	Up to 2% of Sum Insured per	No limit	
Consumable Allowance	Rs. 750 daily for up to 7 days	Rs. 1,000 daily for up to 7 days	
Companion Benefit	Rs. 10,000 if hospitalization exceeds 10 day	Rs. 15,000 if hospitalization exceeds 10 days	
Pre-hospitalization and Post-hospitalization Medical Expenses	Up to 7.5% of payable hospitalization expenses	Up to 10% of payable hospitalization expenses	
Ambulance Cover	Up to Rs. 1,000		
Domiciliary Hospitalization	Up to 10% of Sum Insured		
Recharge of Sum Insured	Up to Sum Insured		
Dialysis Cover	Up to Rs. 1,000 per sitting for 24 months		
Annual Health Check-up	Every year irrespective of claim		

Care Freedom - Policy Terms

Maximum Entry Age	No Limit
Renewal	Lifelong Renewal
Floater Option	Available
Grace Period	30 days from the date of expiry to renew the policy
Waiting Period	30 days for any illness
Waiting Period – Named Ailments	2 years of continued coverage
Waiting Period – Pre Existing Diseases	2 years of continued coverage
Tenure	1/2/3 years
Co-pay	20% for entry up to 70 / 30% for entry above 70 (Renewal customer above the age of 70 years has the option to waive off additional 10% co-pay by paying additional premium @ 7.5%)



BENEFITS OF CARE FREEDOM

IN-PATIENT CARE

Coverage for medical expenses incurred in case of hospitalization for a minimum period of 24 hrs. These charges include expenses like room charges, nursing expenses and Intensive Care Unit charges, surgeon's fee, doctor's fee, anesthesia, blood, oxygen, operation theater charges, etc.

DAY CARE TREATMENT

Coverage for medical expenses incurred if the Insured Person undergoes a Day Care Treatment as per the list at a Hospital or a Day Care Centre that requires Hospitalization for less than 24 hours.

CONSUMABLE ALLOWANCE

We will pay fixed amount per day for each completed day of hospitalization depending on the plan up to maximum of 7 days. This benefit is only payable after 3 days of hospitalization. Benefit will be paid for per hospitalization claim and won't reduce your SI.

DOMICILIARY HOSPITALIZATION

We will cover the treatment taken by you at your home provided you are not in a situation to be moved to a hospital or a hospital room is not available amounting up to 10% of your Sum Insured. We will cover the cost of treatment only if the Domiciliary Hospitalization continues for more than 3 days



PRE & POST HOSPITALIZATION EXPENSES

We will cover the related medical expenses before and after hospitalization. These medical expenses may include but are not limited to consultations and medication that you may require. We don't have any cap on the maximum no. of days for which such expenses would be covered.

COMPANION BENEFIT

We will pay lump sum amount depending on the plan once in the policy year if the insured is hospitalized for more than 10 days. Benefit will be paid only once a year and won't reduce your SI

AMBULANCE COVER

We will indemnify the cost of ambulance required for transportation of insured to the hospital in case of emergencies.

RECHARGE OF SUM INSURED

If, due to claims made, you ever run out of or exhaust your Sum Insured, we will reinstate the entire Sum Insured once in the Policy Year. This re-instated amount can be used for only future claims.



DIALYSIS COVER

We will cover the dialysis expenses incurred by you for 24 months from date of first occurrence up to Rs 1,000 per sitting.

POLICY START DATE	FIRST OCCURRENCE OF DIALYSIS	DATE TILL WHICH CLAIM WILL BE PAID
1st jan 2015	31st may 2020	30th may 2022
1st jan 2015	2nd jan 2015	1st jan 2017
1st jan 2015	2nd Dec 2014	Not Covered

ANNUAL HEALTH CHECK-UP

We provide an annual health check-up for all Insured Persons above the age of 18 except those who are covered under the policy as a child in floater policies at Our Network Provider on a cashless basis.

This benefit shall be available only once during a Policy Year per member. You can avail the following set of tests:-

**Medical Tests | Complete Blood Count | with ESR | with ESR | Blood Group
Fasting Blood Sugar | Lipid Profile | Kidney Function Test | ECG**



ADD-ON BENEFITS



HOME CARE

After being discharged from the hospital you are still in need of medical monitoring and treatment. Home Care benefit helps you with 24-hour medical care, supervision and custodial care -- like bathing, getting dressed and eating.

By opting for this cover, customer is eligible for the expenses incurred towards hiring a Qualified Nurse with the purpose of providing care and convenience to perform Insured Person's daily activities provided the same Person has been recommended by the Medical Practitioner, upto ₹ 1000 per day subject to maximum of 7 days per illness/injury & maximum of 45 days per policy year after a deductible of 1 day.

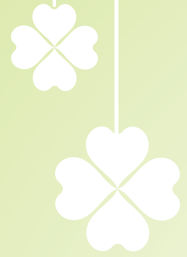
HEALTH CHECK+

As part of base cover, every Care freedom customer is eligible for an Annual Health Check-up. If the customer wants to upgrade his Annual Health Check-up to Diabetes or Cardiac specific he can opt for this optional cover.

Below are the list of tests applicable in each category



Annual Health Check-up (Base Cover)	Diabetes Health Check – up	Cardiac Health Check – up
Medical Tests	Complete Blood Count with ESR	Complete Blood Count with ESR
Complete Blood Count with ESR	Urine RE	Urine RE
Urine Routine	Blood Group	Blood Group
Blood Group	Fasting & PP Blood Sugar	Fasting & PP Blood Sugar
Fasting Blood Sugar	TMT	TMT
Lipid Profile	Lipid Profile	Lipid Profile
Kidney Function Test	Kidney Function Test	Kidney Function Test
ECG	Liver Function test	Liver Function test
	TSH	TSH
	Medical Examination Report	Medical Examination Report
	Hb A 1 C	Hbs Ag
	Urine for Micro Albuminuria	Chest X Ra
	Hbs Ag	



RISK MITIGATION



TO SUSTAIN THE PRODUCT AND MANAGE THE RISKS WE HAVE INTRODUCED CERTAIN MEASURES:

- # We have sub-limits for some specific ailments, diseases and treatments
- # There will be a 2-year wait period for pre-existing diseases
- # Specific diseases will be covered after 2 years
- # There is a negative list of conditions for applicants



SUM INSURED	3 LAC	5 LAC	7/10 LAC
Treatment of Cataract (per eye)	Up to Rs. 20,000	Up to Rs. 30,000	Up to Rs. 30,000
Treatment of Total Knee Replacement (per knee)	Up to Rs. 80,000	Up to Rs. 1,00,000	Up to Rs. 1,20,000
Treatment for each and every Ailment / Procedure mentioned below:-			
<ul style="list-style-type: none"> i. Surgery for treatment of all types of Hernia ii. Hysterectomy iii. Surgeries for Benign Prostate Hypertrophy (BPH) iv. Surgical treatment of stones of renal system 	Up to Rs. 50,000	Up to Rs. 65,000	Up to Rs. 80,000
Treatment for each and every Ailment / Procedure mentioned below:-			
<ul style="list-style-type: none"> i. Treatment of Cerebrovascular & Cardiovascular ii. Treatments/Surgeries for Cancer iii. Treatment of other renal complications and Disorders iv. Treatment for breakage of bones 	Up to Rs. 2,00,000	Up to Rs. 2,50,000	Up to Rs. 3,00,000

These limits are applicable on per policy year basis

RISK MITIGATION

NAMED AILMENTS WHICH HAVE A WAITING PERIOD OF 2 YEARS

Following diseases will be covered after 24 months of continuous coverage

- ✦ Cataract
- ✦ Dilatation and curettage
- ✦ Fissure / Fistula in anus, hemorrhoids / piles, pilonidal sinus, ulcers of gastro intestinal tract
- ✦ Surgery of genitourinary system unless necessitated by malignancy
- ✦ All types of hernia, hydrocele
- ✦ Kidney stone / Ureteric stone / Lithotripsy / Gall bladder Stone
- ✦ Pancreatitis
- ✦ Myomectomy for fibroids
- ✦ Procedures for retinal disorders
- ✦ Varicose veins and varicose ulcers
- ✦ Cancer and cardiac ailments

(For a complete list of exclusions please refer T&C)



RISK MITIGATION

NEGATIVE LIST – EXISTING DISEASES & AILMENTS

Cancers.

All heart disorders / Cardiovascular disorders: CABG (bypass surgery), PTCA (angioplasty), CAD (coronary artery diseases), heart attack (myocardial infarction), valve diseases, heart failure, cardiomyopathy, cardiac hypertrophy, pacemaker implantation, hypertension > 22 years.

Disorders of brain, spinal cord and meninges: Stroke/Haemorrhage/CVA, any type of paralysis of hand/legs/body (not polio) , multiple sclerosis, parkinsonism, Alzheimer's disease, epilepsy or seizure disorder, brain tumours, any disorder causing spontaneous or continuous body movement or failure to maintain balance (ataxia/chorea).



Neuromuscular disorders: Any disorder causing muscle / Nerve cell wasting / Loss of movement / Abnormal movement - Motor neurone diseases, muscular dystrophies, cerebral palsy.

Psychiatric Disorders.

Chronic Lung diseases: COPD (Chronic Obstructive Pulmonary Disease), ILD (Interstitial Lung Disease).

Chronic Liver diseases: Hepatitis B,C, chronic hepatitis, cirrhosis, liver failure.

Chronic Kidney diseases: Diabetic and hypertensive kidney disease, nephritic and nephritic syndrome, kidney failure, polycystic kidney.



Pancreatitis.

Disorders of Immunity or Autoimmune Disorders: Systemic Lupus Erythematosus, Rheumatoid Arthritis, Ankylosing Spondylitis, Inflammatory Bowel Disease.

Disorders of pituitary, Adrenal and Parathyroid glands or any disorder causing growth and mental retardation.

Disorders of Blood: Hemolytic disorders - Example; Sickle cell disease, Thalassemia major, Spherocytosis / Disorders of coagulation / clotting - Example; Hemophilia / Disorders of bone marrow.

Diabetes Mellitus : Type 2 Diabetes > 17 years, Diabetics on Insulin, Type 1 Diabetes.

Any 3 or more of the following combinations : Diabetes Mellitus, Hypertension, Lipid Disorders, Obesity (BMI > 35), Smoking

AIDS/HIV positive or any sexually transmitted diseases

Stand alone Obesity (BMI >37)

RISK MITIGATION

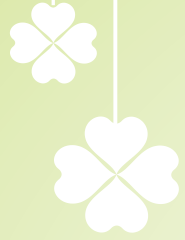
NEGATIVE LIST – PERSONAL HABITS

Alcohol: Daily drinking, consumption of > 1 bottle of hard liquor(750 ml)/ 10 (6.5L) beers in a week

Smoker: Smokes 11 units or more in a day

Tobacco: Chewing tobacco/Gutkha > 6 packets per day





WIN-WIN SITUATION



SALES AGENT

- ✦ Simplified sales process
- ✦ Small list of negative conditions
- ✦ Effort of sales agent doesn't get wasted. Minimum rejections
- ✦ Opens huge opportunity - Solution for underserved segment (46-70)
- ✦ Higher ATS and hence, higher commission per case
- ✦ Reduced time to issuance due to no medical tests
- ✦ Convenience to customer
- ✦ No loading of premium, hence quick decision

CUSTOMER

- ✦ Gets health insurance cover. No more worries about medical bills
- ✦ No medical underwriting
- ✦ No loading of premium
- ✦ Floater cover allows the customer to get his family covered in same policy
- ✦ All pre-existing diseases related cases covered after the 2nd year
- ✦ Less co-payment compared to other products for pre-existing diseases





PROPOSAL FORM DO'S & DON'TS



- ✿ Based on the information provided in proposal form about past medical history, current medications, occupation, personal habits etc. Underwriter is able to evaluate and assess the risk. Hence, please ensure **Medical Questionnaire** is correctly filled.
- ✿ If the insured has any **PED**, information for same has to be given in Additional Information section. If required take extra sheet
- ✿ If the insured has **personal habits** of consuming alcohol/paan/ghutka/tobacco then the quantity has to be mentioned in additional information section. If required take extra sheet



- ✿ **Mobile no. the field that should not be missed.** Since, in this product there is only tele-underwriting, if the proposer has not filled the mobile no. then the underwriter may not be contact the proposer and policy will remain in pending.
- ✿ If any untrue or incorrect statements are made or there has been a misrepresentation, mis-description or non-disclosure the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited ab initio to the Company.





Medical questionnaire section has to be filled correctly. If response to any of the question is 'YES' relevant information has to be provided in Additional Information.

CARE FREEDOM - PROPOSAL FORM.pdf - Adobe Reader

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Tools Fill & Sign Comment

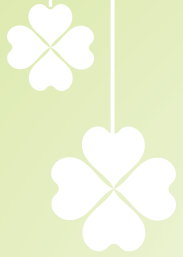
Details of the Persons to be Insured including Proposer

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
11. Have You smoked, consumed alcohol, or chewed tobacco, ghutka or paan or used any recreational drugs? If "Yes" then please provide the frequency & amount consumed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
12. Any other disease/health adversity/condition/treatment not mentioned above?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
13. Has any of the Proposed to be Insured been hospitalized or has been under any prolonged treatment for any illness/injury or has undergone surgery other than for childbirth/minor injuries?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
14. Has any of the Proposed to be Insured consulted/taken treatment or recommended to take investigations/medication/surgery other than for childbirth/minor injuries?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Note: The Company shall reject Your proposal and refund the premium amount (after deducting cost of medical tests, if any) in case of incompleteness or any discrepancy highlighted or any other reason..

Additional Information : _____





FAQs



WHAT IS THE ELIGIBILITY CRITERIA FOR APPLYING FOR CARE FREEDOM?

Care Freedom can be taken by anyone who is 46 years and above. The product has been designed keeping in mind below customer segments which generally find it difficult to get a health insurance policy:

People who are above 45 years of age and don't want to undergo medicals, people with pre-existing diseases but not in Negative List, elderly people.

DO I HAVE TO UNDERGO MEDICAL EXAMINATION FOR BUYING THIS POLICY?

No, you don't need to undergo any medical tests for buying this policy. But, the proposal might be subject to tele-underwriting. In such a case, customer will receive the call from underwriter and he will need to answer certain questions required by underwriter to assess the risk.

WHAT IS THE SUM INSURED AVAILABLE UNDER THE POLICY?

There are two Sum-Insured options viz. 3L/5L



CAN I COVER MY FAMILY MEMBERS IN SAME POLICY?

Yes. You can cover up to 6 members in a single policy. You can either opt for individual policies for all family members or floater policy.

- ✦ Relationships allowed in Individual policy: Self, legally married spouse, son, daughter, brother, sister, parents, parents-in-law, grandson, granddaughter, nephew, niece, son-in-law, daughter-in-law, employee
- ✦ Relationships allowed in Family Floater: Self, legally married spouse, children, parents, employee and his / her dependents (legally married spouse, children & parents) in floater policy we have following constructs:
2A / 2A1C / 2A2C / 2A3C / 2A4C / 1A1C / 1A2C / 1A3C / 1A4C

WHAT IS THE CO-PAYMENT APPLICABLE IN THE POLICY?

There is 20% co-payment applicable in this policy for ages up to 70 years and 30% for co-payment applicable for ages above 70 years. This additional co-payment of 10% can be waived of by paying extra premium of 7.5% for renewal customers above 70 years who have entered before the age of 71 years co-payment will apply to each and every claim



WHAT IS CONSUMABLE ALLOWANCE?

Consumable allowance is daily cash benefit wherein the insured will receive daily cash for each completed day of hospitalization up to maximum of 7 days per hospitalization. There is a deductible of 3 days applicable in this benefit which means the benefit will be only payable from the 4th day onwards.

This benefit won't reduce the Sum Insured and is given over and above the Sum Insured.

WHAT IS COMPANION BENEFIT?

In companion benefit, we pay the lump sum amount depending on the plan if the hospitalization exceeds 10 days. This benefit is only payable once during the policy year. This benefit won't reduce the Sum Insured and is given over and above the Sum Insured. Hence, if the sum insured is 3 Lakhs and a person is hospitalized with a bill of 3.5 lakhs (after deducting co-payment) and is hospitalized for 11 days, the admissible inpatient claim will 3 lakhs (under hospitalization benefit) + Rs 5,250 (Rs 750*7 days consumable allowance) + Rs 10,000 (companion benefit)



HOW WILL CO-PAYMENTS AND SUB-LIMITS APPLY TOGETHER? OR HOW WOULD THE CLAIM ASSESSMENT BE DONE?

All admissible claims under this policy shall be assessed by the company in the following progressive order if applicable:

- * Contribution clause
- * If a room/ICU accommodation has been opted for where the Room Rent or Room Category or ICU Charges is higher than the eligible limit as applicable for that Insured Person as specified in the Policy Certificate, then, the variable medical expenses payable shall be pro-rated
- * Co-payment
- * Sub-limits

E.g.:

1. Claim for cataract received for Rs 70,000 in 3 lac policy for customer aged 50 years taken in day care
2. Claim for total knee replacement received for Rs 2,00,000 in 3 Lac policy where the insured went for single private room of Rs 2,000 since twin sharing room wasn't available. Cost of triple sharing was Rs 1,000



CLAIM ASSESSMENT FOR 1



Payable Amount after applying contribution clause	Rs 30,000	NA for this case
Payable amount after applying room rent/ICU limits	Rs 30,000	NA for this case
Payable amount after applying Co-payment	Rs 24,000	20% co-pay applicable
Payable amount after applying Sub-limits	Rs 20,000	20,000 sub-limit applicable on cataract
Net Payable Amount	Rs 20,000	



CLAIM ASSESSMENT FOR 2

Payable Amount after applying contribution clause	Rs 1,00,000	NA for this case
Payable amount after applying room rent/ICU limits	Rs 90,000	Pro-rated based on eligibility on select charges. Net payable assumed 90,000
Payable amount after applying Co-payment	Rs 72,000	20% co-pay applicable
Payable amount after applying Sub-limits	Rs 72,000	80,000 is sub-limit for TKR.
Net Payable Amount	Rs 72,000	



HOW IS PRE & POST HOSPITALIZATION AMOUNT CALCULATED?

Pre & post hospitalization is calculated on payable hospitalization expenses. If the admissible claim amount is Rs 2,00,000 and the payable expenses by company is Rs 1,50,000 then pre & post hospitalization expenses will be calculated on Rs 1,50,000 (payable hospitalization expense). Hence, if the policy was a 5 Lakh Sum Insured, payable maximum under pre & post hospitalization expenses would be 15,000.

CAN THE INSURED GO FOR SINGLE PRIVATE ROOM WITHIN THE LIMIT OF 1% OF SUM INSURED IF A TWIN SHARING ROOM IS NOT AVAILABLE?

No, if the twin sharing room is not available in the hospital due to whatever reason, insured will be eligible for room category lower than twin sharing room.

WHAT IS THE WAITING PERIOD APPLICABLE FOR PRE-EXISTING DISEASES?

Pre-existing diseases will be covered after 24 months from policy start date

WHAT DOCUMENTS/DECLARATION WILL BE REQUIRED AT THE TIME OF BUYING THE POLICY AND AT THE TIME OF CLAIM?

No additional documents other than filled proposal form will be required at the time of buying the policy



WHAT IS DIALYSIS COVER?

In dialysis cover, we will cover dialysis expenses for 24 months from first occurrence of the event. We won't be liable for any payment if the kidney disease condition for which dialysis is required was diagnosed prior to the policy start date.

POLICY START DATE	FIRST OCCURRENCE OF DIALYSIS	DATE TILL WHICH CLAIM WILL BE PAID
1st jan 2015	31st may 2020	30th may 2022
1st jan 2015	2nd jan 2015	1st jan 2017
1st jan 2015	2nd Dec 2014	Not Covered

Is the premium paid under this policy applicable for tax exemption?

Yes, you can avail up to Rs 25,000 as tax benefit under 'Section 80D'. In case of senior citizens, you can avail up to Rs 30,000 as tax benefit under 'Section 80D'.



HAPPY SELLING



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