

Mr. BADRINARAYAN U GORDE

PLT NO RM 287/05 WADGAON KO NULL NULL
NULL BAJAJ NAGAR - SHIVALAY
CHWOK CHWOK

431136

Mobile No: XXXXXX4031



Certificate of Insurance (COI) - Health Plus

How to reach us?



Website

www.nivabupa.com



Online Renewal

It takes a few minutes to renew your policy
Log on to www.nivabupa.com/renew



Customer Helpline No.

1860-500-8888



Like us on [facebook](#)



Email ID

customercare@nivabupa.com



Follow us on [twitter](#)

Important Terms & Conditions (T&C)

- a. Niva Bupa requests you to refer to the detailed Terms and Conditions (T&C) available with the Group Master Policyholder. You may also refer the T&C on our website.
- b. Free Look Provision: You can review the T&C within the number of days specified overleaf and request cancellation of the Certificate of Insurance in case of objections to any T&C. We will refund the premium as specified in the T&C provided that no claim has been registered under the cover.
- c. Grievances Redressal: In case of any query or complaint/grievance, you may approach our office at the below mentioned address. In case you are not satisfied with our resolution, you may register a complaint in the Integrated grievance Management System (IGMS) of IRDAI or approach the Insurance Ombudsman. Details about the IGMS and Ombudsman are available on our website.

CLAIMS PROCESS

CASHLESS CLAIMS



Get admitted in a network hospital



Share Health Card or Policy number and ID Proof (PAN Card / Passport / Voter's ID Card)



If claim amount > 1 Lakh, also submit KYC documents (Age, ID and Address proof, recent passport size photo)



Network hospital will coordinate with Niva Bupa and convey the decision to you



Niva Bupa will settle claim amount with network hospital as per Policy T&C

REIMBURSEMENT CLAIMS



In case of hospitalization, notify us within 48 hours of admission



Pay directly to the hospital. Collect all relevant documents* (invoices, medical reports, discharge certificate, etc.) in originals



Send these documents along with filled & signed claim form (available on website), ID proof, Address proof, Aadhaar Card and Age proof to the address given above



A decision will be taken on the documents they will be either approved, rejected or a query will be raised as per Policy T&C



If approved, the claim will be settled and reimbursed as per Policy T&C

*For Complete list of documents, Please refer the T&C available with Group Master Policy Holder.

Certificate of Insurance (COI) - Health Plus



Group Master Policy Number	50106700202100	Group Master PolicyHolder's Name	Bajaj Finance Ltd.
Group Master Policyholder's Address & Pincode	4th Floor, Viman Nagar, Finserv Off Pune - Ahmed Nagar Road, Pune – 411014, Maharashtra	Group Master Policy Issue date	19/01/2021
Certificate Number	113004461729	Proposer's Name	Mr. BADRINARAYAN U GORDE
Cover Inception Date and Time	09/07/2022 12:00 AM	Proposer's Address & Pincode	PLT NO RM 287/05 WADGAON KO NULL NULL NULL BAJAJ NAGAR - SHIVALAY CHWOK CHWOK AURANGABAD MAHARASHTRA - 431136
Cover Expiry Date and Time	08/07/2024 11:59 PM	Contact Number	XXXXXX4031

Insured Name(s)	Certificate no	Date of Birth/ Age	Gender	Relationship with proposer	Sum Insured (in Rs)
Mr. BADRINARAYAN U GORDE	113004461729	05/07/1975	M	Self	500,000

Nominee Name	Relationship	Nominee Address (if different)	Nominee Contact Details	Appointee Details (if nominee is minor)
NANDA	Wife	Same as insured	Same as insured	NA

Benefit Structure	
Group Indemnity Cover	
Sum Insured (Individual) - (in Rs)	500,000
In-patient treatment	
(i) Surgical operations, including pre and post-operative care Covered upto Sum Insured (ii) Nursing care, drugs and surgical dressings (iii) Doctors' fees (iv) Operation theatre charges (v) Diagnostic Procedures and therapies (vi) Prosthetic and other devices or equipment if implanted internally during a surgical operation	Covered upto Sum Insured
Hospital Accommodation	
Hospital Accommodation (Room Rent/per day)	2% of Sum Insured
Hospital Accommodation (ICU/per day)	Double of Room rent/day
Pre and Post Hospitalization Medical Expenses (including Medical Practitioner's consultation, diagnostics tests, medicines, drugs and consumables)	Covered upto Sum Insured(30 days/60 days)
Day Care Procedures	Listed Day Care Procedures Covered upto Sum Insured
Organ Transplant when medically necessary	Covered up to Sum Insured
Emergency Ground Ambulance	Upto Rs 1,000 per hospitalization
Initial Waiting Period	30 days
Waiting Period for Specified conditions	Waived off
Pre-Existing Diseases (PED) Waiting Period	48 months
Sub-limit* on specified illness/conditions	Applicable
Co-payment	20% on each claim
Domiciliary Treatment	up to 10% of Sum Insured

Procedure*	Amount	Procedure*	Amount
Appendectomy	32000	Cataract per eye including Cost of Lens	18000
Cholecystectomy	26000	Hernioplasty/Herniorraphy- Unilateral including cost of mesh and tacker	32000
Hydrocele	18000	Hysterectomy (Abdominal/Vaginal)	40000
Total Knee Replacement (Unilateral) including cost of implants	72000	Total Knee Replacement (Bilateral) including cost of implants	109000
Haemorrhoidectomy including Cost of stapler	29000	PCNL- Unilateral	37000
Valve Replacement including cost of implants	145000	Hernioplasty/Herniorraphy- Bilateral including Cost of mesh and tacker	37000
Hip Replacement (Unilateral) including cost of implants	72000	PCNL- Bilateral	43000
Temporary Pacemaker Implantation including cost of temporary pacemaker	14000	Hip Replacement (Bilateral) including cost of implants	109000
Angioplasty including cost of implants and angiography	109000	Arthroscopic Surgery (Other Than ACL / Menisectomy)	29000
CABG	1,45,000		

*Maximum Payout will be up to Sum Insured only

Intermediary Details		
Intermediary Name	Intermediary Code	Intermediary Contact No
Bajaj Finance Ltd.	CA00070001	02039575152

GST Details:

GSTI No.: 09AAFCM7916H1Z6	SAC Code / Type of Service : 997133 / General Insurance Services
Niva Bupa State Code : 09	Customer State Code / Customer GSTI No. : 27 / NA

Premium Details:

Net Premium (Rs.)	CGST (0.00%)	SGST/UTGST (0.00%)	IGST (18.00%)	Gross Premium (Rs.)	Gross Premium (Rs.) (in words)	Premium frequency
2836.00	0.00	0.00	510.41	3346.00	Three Thousand Three Hundred Forty Six Only	Single

- Income tax benefit u/s 80D is available as per the existing Income Tax Laws. Please consult your tax advisor for more details.
- This Policy is subject to the terms, conditions and exclusions mentioned in the HEALTH PLUS, UIN: NBHHLGP22157V032122
- The contract will be cancelled ab intio in case; the consideration under the policy is not realized.
- Policy issuing office : Delhi , Consolidated Stamp Duty deposited on the Master Policy.
- Goods and Service Tax Registration No.:** 09AAFCM7916H1Z6
- Pursuant to Notification no 13/2020– Central Tax and Notification no 14/2020– Central Tax both dated 21st March 2020 read with rule 54 (2) of CGST Rules 2017, the provisions of E Invoicing & QR code are not applicable to an Insurance company, hence E Invoice number and QR code has not been printed on this document. GST under RCM: NIL
- The cover may be renewed on sole discretion of Niva Bupa Health Insurance Co Ltd subject to member being the part of the group at the time of renewal also. In case You cease to be a member of the group, the cover will stand cancelled as per T&C of the policy
- Where the proposal form is not received, information obtained from insured, whether orally or otherwise, is captured in the policy document. Discrepancies, if any, in the information contained in the policy document may be pointed out by an insured within 15 days from the policy issue date after which information contained in the policy document shall be deemed to have been accepted as correct.
- For registration of claims You may contact us at:**
Claims Department, Niva Bupa Health Insurance Company Limited, 2nd Floor, Plot No D-5, Sector 59, Noida, Gautam Budhnagar – 201301 Fax No.: 011-3090-2010 Or reach Us on customercare@nivabupa.com

Poornima

Location: Noida, Uttar Pradesh
Date: 06/09/2022

Director - Operations & Customer Service
For and on behalf of Niva Bupa Health Insurance Co. Ltd.
(Formerly known as Max Bupa Health Insurance Co. Ltd.)

Terms & Conditions

Some key features applicable for persons covered by the Policy ("Primary Insured") are provided herein. Niva Bupa Health Insurance Company Limited ("We/Us/Our") requests You to refer to the detailed terms and conditions of the Policy provided in Policy Document available with Bajaj Finance. In the event of any conflict between the features mentioned herein and the terms and conditions of the Policy Document, the later shall prevail.

Benefits

- a. In-patient Treatment: Medical Expenses for Doctor's fees, diagnostic procedures, medicines, drugs and consumables, operation theatre charges, intensive care unit, intravenous fluids, blood transfusion, injection administration charges, the cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure.
 - b. Hospital Accommodation: Reasonable charges for Hospital and Intensive Care Unit accommodation.
 - c. Pre & Post Hospitalization Medical Expenses: Medical Expenses incurred due to Illness immediately before **Primary Insured's** admission and after an **Primary Insured's** discharge from a Hospital.
 - d. Day-Care Procedures: Medical Expenses for Day-Care Procedures where such procedures are undertaken by an **Primary Insured** in a Hospital requiring stay for a continuous period of less than 24 hours. Any procedure undertaken on an out-patient basis in a Hospital will not be covered
 - e. Organ Donor: Medical Expenses for an organ donor's treatment for harvesting of the organ.
 - f. Emergency Ground Ambulance: Ambulance expenses incurred to transfer the **Primary Insured** following an Emergency to the nearest Hospital by surface transport.
 - g. Sub-limit on specified illness or conditions: If opted, coverage for specified illness or conditions would be restricted to specified sub-limits.
 - h. Domiciliary Hospitalization: Medical Expenses upto the limit specified in Certificate of Insurance for Medically Necessary treatment taken at home if the condition for which treatment is taken would otherwise have necessitated Hospitalisation as long as either (i) the attending Medical Practitioner confirms that the Insured Person could not be transferred to a Hospital or (ii) the Insured Person takes treatment at home on account of non availability of room in a hospital. Secondly, the treatment continues for at least 3 consecutive days.
2. For cashless Hospitalization We will make the payment of the amounts assessed to be due directly to the Network Hospital. In case the Primary Insured is covered under the Co-payment clause, We would pay the final bill as assessed and approved by Us, to the Network Hospital, net of the applicable Co-payment applied to the approved amount. The balance amount and other inadmissible costs will be borne by the Primary Insured and paid directly by the Primary Insured to the Network Hospital.
 - b. Out-Of-Network Hospitals & All Other Claims for Reimbursement:
 1. In all Hospitalizations which have not been pre-authorized, We must be notified in writing within 48 hours of the Primary Insured's admission to the Hospital or before the Primary Insured's discharge from the Hospital, whichever is earlier. The notification should be provided by the Primary Insured. In the event the Primary Insured is unable to provide the notification due to ill health, then the notification should be provided by an immediate adult member of the Primary Insured's family.
 2. For any Illness or Accident or medical condition that requires Hospitalization, the Primary Insured shall deliver to Niva Bupa the claims documents, at his own expense, within 15 days of the Primary Insured's discharge from Hospital (when the claim is only in respect of post-hospitalization, within 15 days of the completion of the post-hospitalization)
 3. For any medical treatment taken from an Out-Of-Network Hospital We will only pay Medical Expenses which are Reasonable Charges. Delayed payments shall attract interest as per applicable regulations.
 - c. In all cases:
 1. We reserve the right to call for:
 - i. Any other documentation or information that We believe may be required; and
 - ii. A medical examination by Our doctor or for an investigation as often as We believe this to be necessary. Any expenses related to such examinations or investigations shall be borne by Us.
 2. In the event of the Primary Insured's death during Hospitalization, written notice accompanied by a copy of the post mortem report (if any) shall be given to Us within 14 days regardless of whether any other notice has been given to Us. We reserve the right to seek an autopsy.
 - d. All claims are to be notified to Us within timelines as mentioned above. In case where the delay in intimation is proved to be genuine and for reasons beyond the control of the Primary Insured or Nominee specified in the Schedule of Insurance Certificate, We may condone such delay and process the claim, We reserve the right to decline such requests for claim process where there is no merit for a delayed claim.
 - e. If You hold an indemnity policy with Us, a single notification for claim will apply to both the indemnity plan as well as any other Policy.
 - f. For registration of claims You may contact us at:

Copayment

- a. For all Primary Insureds, We will pay only the balanced proportionate percentage of any amount We assess for payment or reimbursement in respect of any claim under the Policy made by a Primary Insured.

Waiting Periods

- a. **Pre-Existing Diseases:** Benefits will not be available for Pre-Existing Diseases until 48 months months of continuous coverage have elapsed from the date of commencement of coverage for the Primary Insured.
- b. **Waiting Period : 30 days** We will not cover any treatment taken during the first 30 days since the date of commencement of coverage for the **Primary Insured**, unless the treatment needed is the result of an Accident or Cardio or Neurological Emergency.

Claims Procedure

In respect of any claim

- a. Cashless Hospitalization Facility for Network Hospitals:
 1. The Primary Insured should notify Niva Bupa in writing at least 72 Hours before a planned Hospitalization. In an Emergency the Primary Insured (or person on behalf of the Primary Insured) should notify Us in writing within 48 hours of Hospitalization; and

helpline no :1860-500-8888 Or at
customercare@maxbupa.com

Disclaimer - We would like to inform you that the name of Max Bupa Health Insurance Company Limited ("Our Company") has changed to Niva Bupa Health Insurance Company Limited effective from 5th July 2021. In this context, the name of the product bought by you has changed from "Max Health Plus" to "Health Plus" ("Product"). We further state that the changes in name of Our Company along with Product name does not alter any Product benefits. We would like to reiterate that our core ideology and brand ethos remain unchanged. As we progress on our brand transition journey, we will stand by the promises made to you at all times and you will continue to enjoy all benefits.

