

Activ Fit (Young Adult Product) - Policy Schedule

Policy Issuing Office	Unit no 1101 & 1104 11th floor, Unit no 1501& 1502, 15th floor, G Corp Tech Park, Kasarwadaval, Ghodbunder Road, Thane West-400615	Policy Servicing Office	10th Floor, R Tech Park Goregaon Mumbai MAHARASHTRA 400063
Intermediary Name	POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED	Intermediary Code	5100405
Intermediary Contact Details	1800120800	Intermediary E-mail ID	support@pbpartners.com
Toll Free Number	18002707000		

I. Details of Policy Holder

Policyholder Name	Dharmendra Kumar pandey
Policyholder Address	Khobra faliyu damka Choryasi damka Chorasi, 394510, Surat, GUJARAT
Contact Number	9662174734
Email Id	boXXXXXXXXXcm@gmail.com

II. Policy Details

Product Name	Activ Fit	Plan	Plus
Policy Number	40-25-0004260-00		
First Policy Start date	10/12/2025		
Start Date of Policy & Time	00:00 hrs on 10/12/2025	Expiry Date & Time of Policy	23:59 hrs on 09/12/2026
Policy Type	Family Floater	Policy Tenure	1
Policy Category	New Business	Enrollment for Automatic renewal premium payment facility	NO
Mode of Premium payment	Single		
Portability/Migration	No	Previous Policy Number	NA
GSTN Number	NA	GSTN Account Type	Consumers

III. Insured Person's Details

Name Of Insured person	Start date of Policy of Insured Person (only in case of new member additions mid term)	Relationship with Policyholder	Member ID	Age (complete d birth day)	Gender	DOB	Pre-existing Diseases (if applicable)	Start date of first policy with us (applicable at policy renewal)
Dharmendra Kumar pandey	NA	Self	PT43216269	42	Male	18/03/1983	NA	10/12/2025
Sandhya devi	NA	Spouse	PT43216273	40	Female	01/06/1985	NA	10/12/2025
Gorav pandey	NA	Son	PT43216272	17	Male	05/03/2008	NA	10/12/2025
Anjali Kumari	NA	Daughter	PT43216271	22	Female	19/03/2003	NA	10/12/2025

Continued and to be read in conjunction of the table above

Sum Insured	Upfront Good Health Discount# <<Applicable for only 1st Policy Year of Insured Person Yes/No>>^	No Claim Bonus		Super No Claim Bonus	
		%	Amount	%	Amount
1000000	N	0	NA	Yes	NA

Continued and to be read in conjunction of the table above optional cover opted.

Optional Covers							
Name Of Insured Person	Travel Protect	Premium Waiver	EMI Protection	Super No Claim Bonus	OPD Expense	Non- Medical Expense	Reduction in Maternity Waiting Period
Dharmendra Kumar pandey	No	No	No	Yes	No	No	No
Sandhya devi	No	No	No	Yes	No	No	No
Gorav pandey	No	No	No	Yes	No	No	No
Anjali Kumari	No	No	No	Yes	No	No	No

(for policies Renewed with Us, the Start date of the first Policy with Us will also be displayed against each Insured Person)

Applicable individually in case of Multi Individual, In case of Family Floater risk of each insured will be evaluated and average discount need to be applied at a policy level

Name of the Insured Person	Special condition (if applicable)
Dharmendra Kumar pandey	No
Sandhya devi	No
Gorav pandey	No
Anjali Kumari	No

Name of the Insured Person	*Pre existing details (if applicable)
Dharmendra Kumar pandey	NA
Sandhya devi	NA
Gorav pandey	NA
Anjali Kumari	NA

HealthReturns ^{TM1} (Applicable for Renewal Policy)		
Name of the Insured Person	HealthReturns carried forward from Previous Year	Total HealthReturns TM available for utilization
Dharmendra Kumar pandey	NA	0
Sandhya devi	NA	0
Gorav pandey	NA	0
Anjali Kumari	NA	0

¹Trademarks- Health Returns, Healthy Heart Score and Active Dayz are owned by MMI Group Limited and used under license by Aditya Birla Health Insurance Co. Limited.

IV. Nominee Details

Nominee Name	Nominee Relationship with Policyholder	Nominee Contact Number
Sandhya devi	Spouse	NA

Appointee details: (Required only if nominee is a minor)	Relationship with Nominee:NA	AgeNA
Note - A Minor should not be declared as Appointee.		

V. Previous Insurer Details (Only applicable for Portability policies)

Name of Insured Person	Date of first enrollment	Previous Insurer	Previous Policy Number	Type of Cover	Total Ported Sum Insured (Sum Insured + Cumulative Bonus)	Waiting period waived off
Anjali Kumari	NA	NA	NA	NA	NA	NA
Dharmendra Kumar pandey	NA	NA	NA	NA	NA	NA
Gorav pandey	NA	NA	NA	NA	NA	NA
Sandhya devi	NA	NA	NA	NA	NA	NA

VI. Product Benefit Table (shall be displayed as applicable under the Plan in force)

	Product Name	Activ Fit (Young Adult Product)
	Plan Variant Variants	Plus / Preferred
Basic Covers	Sum Insured	1 Lac, 2 Lac, 3 Lac, 4 Lac, 5 Lac, 7 Lac, 10 Lac, 15 Lac, 20 Lac, 25 Lac, 30 Lac, 40 Lac, 50 Lac, 75 Lac, 1 Cr
	In-patient Hospitalization	Covered up to Sum Insured
	Modern Treatment	Covered up to Sum Insured
	HIV / AIDS and STD	Covered up to Sum Insured
	Mental Care Cover	Covered up to Sum Insured
	Room Type	S.I. 1L & 2L - 2% of Sum Insured S.I. 3L & 4 L - Single Private Room S.I. 5L & Above - Any Room
	Daily Cash Benefit	If insured person opts for shared accommodation, we offer Daily Cash Benefits S.I. Rs. 1 Lac - 4 Lacs – Not Available S.I. Rs. 5 Lacs to 10 Lacs base sum insured: 800 per day; (maximum 4,800 per event) S.I. Rs. 15 Lacs & above base sum insured: 1,000 per day; (maximum 6,000 per event)
	ICU Charges	S.I. 1L & 2L - 4% of Sum Insured S.I. 3L & above - Actuals
	Day Care Treatment	All Day Care Treatment covered up to Sum Insured
	Pre-hospitalization Medical Expenses	90 days
	Post-hospitalization Medical Expenses	180 days
	Domiciliary Hospitalization & Home Treatment	(a) Domiciliary Hospitalization - Covered up to Sum Insured (b) Home Treatment – Covered up to Sum Insured (Services during the policy period can be availed through empanelled home care treatment providers on Cashless Facility basis only)
	Road Ambulance Cover	Network Providers – Actual expenses Non-Network Providers - Reimbursed up to max of Rs 3000 per hospitalization event
	Organ Donor Expenses	Covered up to Sum Insured
	AYUSH Cover	Covered up to Sum Insured
	Binge Refill	100% unlimited reload, available for same and unrelated illness
	Maternity Expense	(a) Normal delivery – Rs 40,000, C section delivery Rs 60,000 (b) New Born Baby Expenses – covered within Maternity Limit (c) Vaccination Expenses – Covered within Maternity Limit (d) Stem Cell Preservation - Covered within Maternity Limit Waiting Period – 36 Months from the inception of the 1st Policy where coverage towards maternity expenses is selected and renewed continuously without any break. << To be displayed only in Preferred Plan, not available in Plus Plan>>
Additional Benefits	No Claim Bonus/ No Claim Discount	10% of S.I. per annum, Max up to 100% of Sum Insured/ No Claim Discount -Applicable on the premium of the expiring policy year provided no claim under the policy
	Health Check-up Program	Available once during the policy year for insured aged 18 Yrs & above on the start date of the policy
	Second E-Opinion on Critical Illnesses	Available for 15 listed Critical Illnesses
	Domestic Emergency Available Assistance Services	Available

Value Added Services	Health Assessment	Available
	HealthReturns	Available (Earn up to 50% of the premium excluding premium for optional benefit(s) & taxes)
	Mental Health Assessment	Available
	Upfront Good Health Discount	Available once at the time of obtaining first policy from us for insured 18 Years & above not a Dependent child under this Policy.
Optional Covers	Super No Claim Bonus	50% of S.I. per annum, Max up to 100% of Sum Insured
	Travel Protect	Plan 1 <S.I. 10,000> Plan 2 <S.I. 20,000> Cover available up to limit defined in the plan opted. 1) Total Loss of Check In Baggage 2) Delay of Checked-in Baggage (Deductible 6 Hours) 3) Trip Cancellation & Interruption 4) Trip Delay (Deductible 6 Hours) 5) Missed Flight Connection (Deductible 6 Hours) Payable only once during the policy year.
		1 Policy year premium waiver, on detection of (20) listed Critical Illnesses or Permanent Total Disability due to an accident which occurs during the policy period for adults 18 & above.
	EMI Protection	<<S.I. Opted >> 3 EMI's payable towards contribution in the existing loan account if the insured person is hospitalized as an inpatient due to any illness/injury in excess of 6 consecutive days during the policy period while the policy is in force. This benefit is payable as a lump sum amount post discharge from the hospital.
	Non-Medical Expense Waiver	Available/ Not Available
	OPD Expense	Services detailed below can be availed during the policy period through empanelled Service Provider on Cashless Facility basis only. (a) Physical Outpatient Consultation with general Medical Practitioner or AYUSH Medical Practitioner unlimited times during a policy year (b) Teleconsultation given by general medical practitioner unlimited times for any telephonic/virtual consultations and recommendations.
	Reduction in Maternity Waiting Period	Maternity Waiting Period reduced from 36 months to 24 months from the inception of first policy with us

VII. Premium Details (Rs)

Premium for Base and Related Covers	Premium for Other Optional Covers (If Opted)	Loading (if applicable)	Discounts (if applicable)	CGST	SGST/UTGST	IGST	Other taxes/Cess	Total Premium
18478.0	1607.59	0	0	0	0	0	0	20086.00

GST Registration No: 27AANCA4062G1ZN PAN Number :AANCA4062G Category: General Insurance SAC Code: 997133

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule

Consolidated Stamp Duty paid vide E-challan GRN no. MH001265008202526E & 25/04/2025

For and on behalf of Aditya Birla Health Insurance Co. Ltd

Date : 10/12/2025

Place : Mumbai

Authorized Signatory

Aditya Birla Health Insurance Co. Limited
1800 270 7000 | care.healthinsurance@adityabirlacapital.com | www.adityabirlahealthinsurance.com
Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited and
Trademark/Logo HealthReturns, Healthy Heart Score and Active Day are owned by Momentum Metropolitan Life Limited
(Forever known as MM Group Limited). These trademarks/logos are being used by Aditya Birla Health Insurance Co. Limited
under license/ user agreement(s).

Registered Office:
9th Floor, Tower 1, One World Centre, Jupiter Mills Compound,
841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013.
CIN: U66000MH2015PLC263677
IRDA Registration No. 153

Premium Certificate

We confirm the receipt of premium amount of INR 20086.00 as per below details paid by Mr. Dharmendra Kumar pandey for Self and/or Family and/or Parents:

Policy Number:	40-25-0004260-00	Plan Name:	Plus
Type of Plan:	Family Floater	Proposer Name:	Dharmendra Kumar pandey
Policy Start Date:	00:00 hrs on 10/12/2025	Policy End Date:	23:59 hrs on 09/12/2026

Premium Details:

Premium Date	Net Premium Amount	CGST	SGST	IGST	Total Premium	Total Premium Paid
10-12-2025	20085.59	0	0	0	20086.00	20086

Mode of Premium payment	Single
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Year wise breakup of premium for the purpose of claiming Income Tax deduction u/s 80D (subject provisions of Income Tax Act) is provided as under:

Financial Year	Year wise proportionate Premium amount*
2025-26	20,086.00

- Premium paid in cash(Rs. 0), premium paid using HealthReturnsTM, and premium paid towards Personal Accident, Wellness Coach do not qualify for deduction u/s 80D. Further premium paid for person other than family member & parents (as defined under Income Tax Act) also don't qualify for deduction under section 80D.

Amount is rounded off to nearest rupee and is inclusive of all taxes and cesses as applicable. For exact premium, please refer to Section VII of Policy schedule

Note:

- The year wise deductions as mentioned above are as per provision of Section 80D and this would be subjected to the specified annual limits and other provisions as applicable for respective years as per applicable provisions of Income Tax Act.
- Deduction under section 80D of the Act is allowed to the person who pays premium out of his/her income chargeable to tax.
- Deduction under section 80D of the Act is available on realization of premium paid by Policyholder.
- Tax laws are subject to change and any such change could have a retrospective effect. This letter should not be construed as tax, legal or investment opinion from us. For specific suitability, you are requested to consult your tax advisor.
- This receipt must be surrendered to the company, in case of cancellation of this policy. In event of incorrect representation of this declaration the liability shall be upon the policy holder.

For and on behalf of Aditya Birla Health Insurance Co. Limited



Date : 10/12/2025

Place : Mumbai

Authorized Signatory

Aditya Birla Health Insurance Co. Limited

1800 270 7000 | care.healthinsurance@adityabirlacapital.com | www.adityabirlahealthinsurance.com
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(Formerly known as MM Life Insurance Company Limited). These trademarks/logos are being used by Aditya Birla Health Insurance Co. Limited
under licensed user agreement(s).

Registered Office:

9th Floor, Tower1, One World Centre, Jupiter Mills Compound,
841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013.
CIN: U66000MH2015PLC263677
IRDA Registration No. 153

Aditya Birla Health
Insurance Co. Ltd.



Company Name:

Toll Free No. : 1800 270 7000

Website : adityabirlahealthinsurance.com

Email : clientcare.healthinsurance@adityabirlacapital.com

Aditya Birla Health
Insurance Co. Ltd.

40-25-0004260-00



Name	Membership No.	DOB
Dharmendra Kumar pandey	PT43216269	18/Mar/1983
Anjali Kumari	PT43216271	19/Mar/2003
Gorav pandey	PT43216272	05/Mar/2008

Aditya Birla Health Insurance Co. Ltd. Regd. Office Reg. No. L1951/DHR/2015/SP/263677. Website : www.adityabirlahealthinsurance.com
Fax: 022 6225 7700 Disclaimer: Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited and is used by Aditya Birla Health Insurance Co. Limited under license/ user agreements.

Aditya Birla Health
Insurance Co. Ltd.



Company Name:

Toll Free No. : 1800 270 7000

Website : adityabirlahealthinsurance.com

Email : clientcare.healthinsurance@adityabirlacapital.com

Aditya Birla Health
Insurance Co. Ltd.



Name	Membership No.	HEALTH INSURANCE	DOB
Sandhya devi	PT43216273		01/Jun/1985

Aditya Birla Health Insurance Co. Ltd. Regd. Office Reg. No. L1951/0014215PL/260677. Website : www.adityabirlahealthinsurance.com
Fax: 022 6225 7700 Disclaimer: Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited and is used by Aditya Birla Health Insurance Co. Limited under license/ user agreements.

Activ Fit (Young Adult Product)

**CUSTOMER INFORMATION SHEET /
KNOW YOUR POLICY**

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

Sl. No.	TITLE	DESCRIPTION	POLICY CLAUSE NUMBER							
01.	Name of Insurance Product/Policy	Activ Fit (Young Adult Product)								
02.	Proposal Number	40-25-0004260-00								
03.	Type of Insurance Product/Policy	Both Indemnity and Benefit								
04.	Sum Insured (Basis) (Along with amount)	<p>Individual Sum insured – Each member has separate sum Insured under the policy</p> <p>Floater Sum Insured-where all member under the policy have a single sum insured limit which may be utilized by any or all members</p> <table border="1" data-bbox="473 977 1240 1104"> <tr> <th>Insured Person</th><th>Family Floater Sum Insured</th></tr> <tr> <td>Anjali Kumari</td><td rowspan="4">1000000</td></tr> <tr> <td>Dharmendra Kumar pandey</td></tr> <tr> <td>Gorav pandey</td></tr> <tr> <td>Sandhya devi</td></tr> </table>	Insured Person	Family Floater Sum Insured	Anjali Kumari	1000000	Dharmendra Kumar pandey	Gorav pandey	Sandhya devi	
Insured Person	Family Floater Sum Insured									
Anjali Kumari	1000000									
Dharmendra Kumar pandey										
Gorav pandey										
Sandhya devi										

05.	Policy Coverage (What the policy covers?)	I. Basic Covers	
		a. In-patient hospitalization	C.I.(a)
		b. Daily Cash Benefit (Shared Accommodation)	C.I.(b)
		c. Day care treatment	C.I.(c)
		d. Pre-hospitalization medical expenses	C.I.(d)
		e. Post-hospitalization medical expenses	C.I.(e)
		f. a. Domiciliary Treatment	C.I.(f).a
		b. Home Treatment	C.I.(f).b
		g. Road ambulance cover	C.I.(g)
		h. Organ donor expenses	C.I.(h)
		i. AYUSH Cover	C.I.(i)
		j. Binge Refill	C.I.(j)
		k. Maternity Expense	C.I.(k)
		II. Additional Covers	
		l. a. No Claim Bonus or	C.II.(l).a
		b. No Claim Discount	C.II.(l).b
		m. Health Check Up Program	C.II.(m)
		n. Domestic Emergency Assistance Service	C.II.(n)
		III. Value Added Benefits	
		o. Health Assessment™	C.III.(o)
		p. HealthReturns™	C.III.(p)
		q. Mental Health Assessment Program	C.III.(r)

	<p>r. Upfront Good Health Discount</p> <p>IV. Optional Cover</p> <p>s. Super NCB</p> <p>t. Travel Protect</p> <p>u. Premium Waiver</p> <p>v. EMI Protection</p> <p>w. Non-Medical Expense Waiver</p> <p>x. Reduction in Maternity waiting period</p> <p>y. OPD Expenses</p> <p>Optional Add-ons: (Available if opted by paying additional premium) – Please refer to Policy Schedule</p>	
06.	<p>Exclusions (What the policy does not cover)</p> <p>I. Standard Exclusions</p> <ol style="list-style-type: none"> 1. Investigation & Evaluation (Code- Excl04) 2. Rest Cure, rehabilitation and respite care (Code- Excl05) 3. Obesity/ Weight Control (Code- Excl06) 4. Change-of-Gender treatments: (Code- Excl07) 5. Cosmetic or plastic Surgery: (Code- Excl08) 6. Hazardous or Adventure sports: (Code- Excl09) 7. Breach of law: (Code- Excl10) 8. Excluded Providers: (Code- Excl11) 9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12). 10. Treatments received in health hydros, 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. (Code- Excl13) 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 (Code- Excl14) 12. Refractive Error:(Code- Excl15) - Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. 13. Unproven Treatments:(Code- Excl16) 14. Sterility and Infertility: (Code- Excl17) 15. Maternity Expenses (Code - Excl18) <p>II. Specific Exclusions</p> <ol style="list-style-type: none"> 1. Circumstantial Exclusion 2. Behavioural Exclusions 3. Medical Exclusions 4. Prosthesis and Devices 5. Non-Medical expenses 6. Specific treatment Exclusion 7. Activities and Profession Exclusions 8. Geographical Exclusion 	<p>D.I.4 to D.I.18</p> <p>D.II.19 to 26</p>

07.	Waiting period	<ul style="list-style-type: none"> • Time period during which specified disease / treatment is not covered • It is counted from the beginning of the policy coverage <ol style="list-style-type: none"> 1. Initial waiting Period: 30 days for all illnesses (except accident) in the first year and is not applicable in subsequent renewals and policies accepted under Portability 2. Specific Waiting periods (Not applicable for claims arising due to an accident): 24 months for listed diseases/procedures 3. Pre-Existing Diseases: Covered after 36 months 4. Maternity Waiting Period: 36 months 	D.I.3
08.	Financial limits of coverage	<p>i) Sub-limit (It is a pre-defined limit and We will not pay any amount in excess of this limit)</p> <p>ii) Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by Insured)</p> <p>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 (if claim amount is more than the specified amount))</p> <p>iv) Any other limit (as applicable)</p> <p>In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits:</p> <p>i. Room Charges (Hospitalization): Room Rent Limit - SI 1 & 2 Lac - 2% of SI for normal room rent, 4% for ICU</p> <p>Nil</p> <p>Daily Cash Benefit (Shared Accommodation) - 24 hrs deductible applicable</p> <p>Nil</p>	C.I.(a)

09.	Claims / Claims Procedure	<p>a. Cashless Facilities can be availed only at Our Network Providers.</p> <p>b. In case of Planned Hospitalization please intimate Us at least 3 days prior to the planned date of admission. The Authorization letter shall be issued to the Network Provider immediately but not more than one hour of receipt of request receiving the complete information</p> <p>c. In case of emergency Hospitalisation, please contact for pre-authorise Cashless Facility within 24 hours of the Insured Person's Hospitalization</p> <p>d. For Reimbursement claims a written notice of the claim shall be submitted within 48 hours of admission to the Hospital or before discharge from the Hospital.</p> <p>e. All required claims documents shall be submitted within 30 days of the Insured Person's discharge from Hospital.</p> <p>Please refer link https://www.adityabirlacapital.com/healthinsurance/downloads for</p> <ul style="list-style-type: none"> • Network Hospital details • Hospital which are blacklisted or from where no claims will be accepted • Claim form <p>Helpline Number 1800 270 7000</p>	F (1) (I) (a) F (1) (I) (b) F (1) (I) (c) F (1) (I) (d) F (1) (II) (a)
10.	Policy Servicing	<p>In case of any Policy services the insured person may contact the</p> <ul style="list-style-type: none"> • Website: https://www.adityabirlacapital.com/healthinsurance/faqs • Toll- Free: 1800 270 7000 • E-mail: care.healthinsurance@adityabirlacapital.com (Senior citizens may write to us at: seniorcitizen.healthinsurance@adityabirlacapital.com) • In case you are not satisfied with the resolution you may write to Head – Customer Care : carehead.healthinsurance@adityabirlacapital.com • Courier: Write to Us at below address Unit no 1101 & 1104 11th floor, Unit no 1501 & 1502 15th floor, G Corp Tech Park, Kasarwadavali, Ghodbunder Road, Thane West - 400601 	
11.	Grievances / Complaints	<p>In case of any grievance the insured person may contact the</p> <ul style="list-style-type: none"> • Website: https://www.adityabirlacapital.com/healthinsurance/faqs • Toll- Free: 1800 270 7000 • E-mail: care.healthinsurance@adityabirlacapital.com (Senior citizens may write to us at: seniorcitizen.healthinsurance@adityabirlacapital.com) • In case you are not satisfied with the resolution you may write to Head – Customer Care : carehead.healthinsurance@adityabirlacapital.com 	E.I.15

	<ul style="list-style-type: none"> • Courier: Write to Us at below address Unit no 1101 & 1104 11th floor, Unit no 1501 & 1502 15th floor, G Corp Tech Park, Kasarwadavali, Ghodbunder Road, Thane West - 400601 <p>Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.</p> <p>If Insured person is not satisfied with the Redressal of grievance through one of the above methods, insured person may contact the grievance officer at: gro.healthinsurance@adityabirlacapital.com</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 (at the addresses given in Annexure II of Policy terms and conditions). Grievance may also be lodged at IRDAI Integrated Grievance Management System-https://bimabharosa.irdai.gov.in/</p>	
12.	<p>Things to remember</p> <ol style="list-style-type: none"> Free Look Period: The Free Look Period shall be applicable on new individual health insurance policies, except for those policies with tenure of less than a year. Free-Look is not applicable on renewals or at the time of porting / migrating the policy. The Insured Person shall be allowed Free Look Period of thirty days from date of receipt of the policy document, whether received electronically or otherwise, to review the terms and conditions of the policy, and to return the same if not acceptable. Policy Renewal: The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years. Migration and Portability: The Insured Person will have the option to migrate the Policy to other health insurance products / plans, offered by the Company or to port the Policy to other insurers <p>Process for migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.</p>	<p>E.I.14</p> <p>E.I.9</p> <p>E.I.7 & 8</p>

	<p>Process for portability: The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability</p> <p>In case the Insured Person wants to migrate or Port their Health Insurance Policy, then contact Us with the details through: E-mail ID: care.healthinsurance@adityabirlacapital.com Toll Free: 1800 270 7000 Address: Any of Our Branch office or Corporate office</p> <p>d. Change in Sum insured: You may opt for modification of cover(s) at the time of Renewal of Policy. Acceptance for the same shall be subject to Underwriter's approval. In case of Sum Insured Enhancement, all waiting periods as mentioned in the Policy shall apply afresh for this enhanced limit from the effective date of such enhancement</p> <p>e. Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first Policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period</p>	E.II.21 E.I.11
13.	<p>Insured's Obligations</p> <p>The Insured Person must disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.</p> <p>During the Policy term any material information changes on occupation and/ or medical conditions shall be communicated to Us in a Change Request form. This form can be downloaded from Our website or collected from Our branch office or can also be obtained by contacting Us over the telephone.</p>	E.I.1

Benefits and exclusion are applicable as per the plan chosen. Please refer Policy Schedule for the applicable benefits

Benefits and exclusion are applicable as per the plan chosen. Please refer Policy Schedule for the applicable benefits

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place : Chorasi

Date :10-DEC-25

Dharmendra Kumar pandey authenticated via OTP for
250003687844

On null at null

(Signature of the Policy Holder)

LEGAL DISCLAIMER NOTE:

The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

Please refer below link for Product related documents

[Aditya Birla Health Insurance Download \(adityabirlacapital.com\)](http://adityabirlacapital.com)

Aditya Birla Health Insurance Co. Limited

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Registered Office:

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CIN:U66000MH2015PLC263677
IRDA Registration No. 153



NOW ANY HOSPITAL IS A CASHLESS HOSPITAL

Dear Customer,

We thank you for choosing ABHI as your trusted partner in your health and healthcare journey.

Keeping up with our commitment to seamlessly serve you, you can now avail the benefit of **Cashless Anywhere** as part of your ABHI policy. This means you can avail of **Cashless Claims at any hospital of your choice**, even if the hospital does not belong to ABHI's network (excluding blacklisted and de-panelled hospitals).

All you have to do is, **choose any one** of the below three ways to **intimate us of your Cashless Claim** (please note that the customer has to raise this request):

How to avail Cashless Claim Facility:



**Call our Customer Care
1800-270-7000**

OR

**Download our
Activ Health App**

OR

**Raise a Claim on
ABHI's website**



(My Policy > Raise a Claim >
Cashless Anywhere)



Or [Click Here](#)



Or [Click Here](#)

And that's it. Let us now do the work by reviewing your submitted details as per the necessary Terms & Conditions. Once we receive authorization, we will promptly inform you and start processing your claim with the hospital.

Claim intimation requirement to avail the facility:



Planned Hospitalization - At least
48 hours before hospitalization



For Emergency Hospitalization - Within
48 hours of hospitalization