



Group Active Health - Policy Schedule

Policy No.

Policy Issuing Office	<ABHI Mumbai HO Office>	Policy Servicing Office	<Branch Name & Address associated with the Intermediary Code>
Intermediary Name	<Intermediary Name>	Intermediary Code	<Intermediary Code>
Intermediary Contact Details	<Intermediary Contact No.>	Intermediary E-mail ID	<Intermediary Email id>
Toll Free Number			

TPA Details

TPA Name <Name of the TPA>	TPA ID <TPA ID Code>
TPA Address <Address of the TPA>	Contact Number <TPA Contact No.>

I. Details of Policyholder

Policyholder Name	<Name of the Master Policyholder>
Policyholder Address	<Address of the Master Policyholder>
Contact Number	<Contact Number of the Policyholder>
Email ID	<Email ID of the Master Policyholder>
Policyholder GSTIN	<Policyholder GSTIN>

II. Policy Details

Product Name	<Name of the Product as per IRDAI>		
Product Code	<Product Code as per E-Meditek>		
Policy Number		Policy Issue Date & Time	<.....>
Start date & Time of Policy	00:01 hrs on dd/mm/yyyy <Start date of the Policy>	Expiry Date & Time of Policy	<23:59 on dd/mm/yyyy> <End Date of the Policy>
Group Type	<As per Group Type>	Policy Tenure	<To be calculated basis the above dates>
Policy category	<As per the Policy Year> ie. New / Renewal <<Individual / Family Floater>>		
Premium Payment Frequency	<Policy Mode>		

III. Co-Insurance Details

Co-Insurance Details	
Leader (Name of Insurance Company)	<As per the Quote & system>
Follower 1 (Name of Insurance Company)	<As per the Quote & system>
Follower 2 (Name of Insurance Company)	<As per the Quote & system>

IV. Coverage Details

Coverage Details	Name of the Benefit	Total Sum Insured
Group Medclaim	<<As per Quote & Policy Wordings>>	<<As per the Policy>>

V. Insured Person Details

Relationship Type	Number of Lives	Name of Insured Person	Nominee name and relationship
Self	<<As per the Policy>>		
Dependents	<<As per the Policy>>		

VI. Premium Details

Particulars	Amount (Rs.)
Net Premium	<As per the system>
CGST (9%)	<As per the system>
SGST / UTGST (9%)	<As per the system>
IGST (18%)	<As per the system>
Gross Premium	<As per the system>

GST Registration No.: <GST Registration No.>

Category: General Insurance

SAC Code: 997133

VII. Premium Receipt Details

Receipt Number	<As per Receipt>	Receipt Amount	<As per Receipt>
Cheque/ DD/UTR Number	<Receipt>	Name of the Bank	<Receipt>
Date of Instrument	<Date as on Cheque/Transaction Id>		

VIII. Assignment: This policy is assigned to _____

Stamp Duty

The stamp duty of Rs <Stamp duty Utilized> paid by GRAS DEFACE NO (XXXXXX) , dated (XXXXXX) .

Mudrank < xxxxxxxx >, Dated <XXXXXXXXXX >.

Important:-

1. All other Terms, Conditions and Exclusions as per attached Policy Wordings.
2. 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.

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 Treatments 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 Benefit	<<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	Available for the listed Critical Illnesses 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
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>>

Section III : Optional Covers

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™	Up to 18% of Monthly Premium			
		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%
		Up to 24% of Monthly Premium			
		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%
Up to 30% of Monthly Premium					
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%		
		<<Split between Employer and Employee in the proportion of __ : __>>			

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>> <<Covered 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	Vaccination 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	<<Available >> <<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: _ _ _ >>
Section IV : Waivers and Discounts		
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 Claims	<<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>>