

RENEWAL QUOTE FOR ManipalCigna PROHEALTH GROUP INSURANCE POLICY

Quote Number:	GHI/BAN/1663544/00001/01			Quote Date:	28-04-2022
Renewal Policy number:	1.002E+11			Due Date:	05-05-2022
1. Name of the Corporate: Shipment Solutions Pvt Ltd					
Address: Cochin					
Proposal Status: Renewal					
2. Industry Type: Sales & Services					
3. Policy Period					
	Policy From	06-05-2022	Policy to	05-05-2023	
4. A. Operative Time: 24 Hours					
B. Territory of Issuance: India Only					
5. Name of Channel: Agency					
Name of Agent/Broker: Rajju K Rajan					
Agent Code: A0123456					
FLS Code: A010223					
6. Name of TPA/ Service Provider: mediassist					

7. Details of Insured Persons covered

Sum Insured wise data-

Sum Insured (Amount in INR)	Total	3,00,000	5,00,000
Self	12	6	6
Spouse	4	3	1
Children	4	2	2
Parents	0	0	0
Total	20	11	9

8. Premium Details:-

Mode of Payment		Annual
Premium before tax	Rs.	81,729.00
Taxes and levies	Rs.	14,711.00
Premium after tax	Rs.	96,440.00

9. Claims considered for Quotation:-

Claim as on- 27-Apr-2022	Amount (Rs.)
Incurring Claims (Paid + Outstanding)	0

Any misrepresentation of the above numbers will render the quotation or policy void.

10. Coverage Details

Coverage	Amount in INR	
	Band 1	Band 2
Type of cover	Floater	Floater
Family Definition	E+S+2C	E+S+2C
Room Rent	1% of SI	1% of SI
Sum Insured	300000	500000
Day care Treatment Cover	100% of SI	100% of SI
Pre and Post Hosp. Medical Expenses Cover	30/60 Days	30/60 Days
Road Ambulance Cover	Upto Rs. 2000	Upto Rs. 2000
Domiciliary Hospitalization Cover	Up to SI	Up to SI
Donor Expenses Cover	Up to SI	Up to SI
Initial waiting period	0 Days	0 Days
PED coverage	0 Years	0 Years
Specific Illness waiting Period	0 Years	0 Years

The quote is provided basis of the age demography of the population to be insured, if the age demographic distribution of the insured population changes, the quote will have to be revised

Special Conditions	
1)	This quote is subject to the given demography of 12 Employees and 20 lives. This quote is subject to the demography mentioned in the quote as per option selected.
2)	The quote is provided basis of the age demography of the population to be insured, if the age demographic distribution of the insured population changes, the quote will have to be revised
3)	This quote is being released as per the claims and enrolment data submitted. Non-disclosure of facts material to the assessment of the risk or providing misleading information will nullify the cover under the policy issued.
4)	Additions and deletions of employee will be done on prorata basis from day 1 for additions subject to sufficient CD balance being maintained. Addition of an Employee must be intimated within 30 days from the date of joining
5)	Dependents to be declared at the time of inception of the policy. No midterm inclusion of dependents allowed except for spouse after marriage and child by birth. Addition of family members must be intimated within 30 days after marriage or child birth.
6)	Maximum Age for Self, Spouse and Dependent Parents shall be 80 years and dependent children shall be covered up to 25. (subject to their coverage in the policy)
7)	If the Insured Person is admitted in a room where the room category or the Room Rent incurred is higher than that which is specified in the Policy Schedule/ Certificate Of Insurance, then the Policyholder/ Insured Person shall bear a rateable proportion of the total Associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the Room Rent of the entitled room category/eligible Room Rent to the Room Rent actually incurred.
8)	It shall be a condition precedent to the Company's liability under this policy that all supporting documents relating to the claim must be submitted within fifteen (15) days from the date of discharge from the hospital. In case of post-hospitalization treatment days, all claim documents should be submitted to the TPA within fifteen (15) days after completion of such treatment.
9)	This quote is being released as per the claims and enrolment data submitted non-disclosure of facts material to the assessment of the risk or providing misleading information will nullify the cover under the policy issued If there are any additions / alterations to the attached data after the submission of this quotation, then the same will be communicated to the insurer immediately in writing to revalidate the quote
10)	No individual can be covered more than once in the policy – specifically if an employee and spouse are working for the same organization both cannot cover each other and cannot cover the same set of parents. In case at the time of claim it is found that the member is covered twice a deletion endorsement of member will be effected to remove that member there will be no refund for such deletions.
11)	Congenital Internal disease covered under the Policy. Lasik Surgery for refractory error above +/- 7.5 is covered under the policy
12)	Pre and Post Natal expenses are covered in case Maternity cover is opted up to 20% of Maternity Limits mention in tables.
13)	List of Empaneled TPA - 1) MediAssist 2) FHPL , 3) Vidal 4) Paramount Health Services 5) Health India. 6) Good Health Insured can choose any TPA from above mentioned list
14)	In addition to the conditions mentioned above, all the terms will be as mentioned in ManipalCigna Group Medclaim Policy.
15)	The Above quote is valid for 30 days
Subject otherwise to the terms, conditions and exclusions of ManipalCigna ProHealth Group Insurance Policy	

AUTHORISED SIGNATORY

Gross Per life Rate excl. GST		Amounts in INR	
Age of Self	Amount	3,00,000	5,00,000
[0-5]		2,477	3,636
[6-15]		1,302	1,910
[16-25]		2,216	3,255
[26-35]		2,975	4,369
[36-45]		4,121	6,062
[46-50]		5,371	7,903
[51-55]		6,821	10,036
[56-60]		9,206	13,547
[61-65]		12,643	18,448
[66-70]		18,126	26,452
ABOVE 70		22,653	33,059

