



POLICY SCHEDULE  
NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY  
UIN:NIAHLGP21281V022021

<b>Insured Name</b>	: STATE HEALTH AND FAMILY WELFARE SOCIETY AROGYAKERALAM
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Insured's Details		Issuing Office Details	
<b>Customer ID</b>	: PO96270597	<b>Office Code</b>	: BALARAMAPURAM BRANCH OFFICE (761407)
<b>Address</b>	: NATIONAL HEALTH MISSION DIRECTORATE OF HEALTH SERVICES COMPOUND, GENERAL HOSPITAL JUNCTION, THIRUVANANTHAPURAM  THIRUVANANTHAPURAM ,KERALA, 695035	<b>Address</b>	: 1ST FLOOR RAHMATH COMPLEX MAIN ROAD BALARAMAPURAM ,695501
<b>Phone No</b>	: //	<b>Phone No</b>	: 04712402264
<b>Fax</b>	:	<b>Fax</b>	:
<b>E-mail/Fax</b>	: smdnrhm@gmail.com, /	<b>E-mail/Fax</b>	: nia.761407@newindia.co.in /
<b>PAN No</b>	: AAIAS4284M	<b>S.Tax Regn. No</b>	: AAACN4165CST178
<b>GSTIN/UIN</b>	: NA / NA	<b>GSTIN</b>	: 32AAACN4165C4ZX
		<b>SAC</b>	: 997133 (Accident and health insurance services)

Policy Details			
		Business Source Code	
<b>Policy Number</b>	: 76140734220400000003	<b>Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User</b>	: Securus Insurance Brokers (India) Pvt. Ltd. - (BR00000084) Securus Broker 761407 - (SI00207564),
<b>Period of Insurance</b>	: From:02/04/2022 12:00:01 AM To: 01/04/2023 11:59:59 PM	<b>Agent/Bancassurance/Spe cified Person</b>	:
<b>Date of Proposal</b>	: 02/04/2022	<b>Phone No</b>	: NA / NA
<b>Prev. Policy no.</b>	: NA	<b>E-mail/Fax</b>	: sreela@securusib.in, / /
<b>Client Type</b>	: Non-Corporate	<b>Financier(s) Details</b>	: NA

Premium	GST	Total	Receipt No. & Date:
₹42268732	₹7608370	₹49877102 (RUPEES FOUR CRORE NINETY-EIGHT LAC SEVENTY-SEVEN THOUSAND ONE HUNDRED TWO ONLY)	76140781220000004701 21/06/2022

Details of TPA			
<b>Name</b>	: MDINDIA HEALTH INSURANCE TPA PVT. LIMITED	<b>Telephone</b>	: 18002097777
<b>Address</b>	: S. NO. 46/1, E-SPACE, A-2 BUILDING, 3RD FLOOR, PUNE-NAGAR ROAD, VADGAONSHERI, PUNE-411014,,	<b>Fax</b>	: 02025300003
	NA	<b>Email</b>	: customercare@mdindia.com,
		<b>Toll Free No</b>	: 18002097800

<b>No. of Employees / Members covered</b>	: 5655	<b>No. of persons covered</b>	: 18058	
<b>Maternity Benefits Opted</b>	<b>Normal Delivery Limit ₹</b>	: 40000	<b>Zone Opted</b>	: III (Rest of India)
	<b>Caesarian Section Limit ₹</b>	: 50000		
<b>Deletion of 9 months waiting period</b>	: YES			
<b>Pre-existing cover Opted</b>	: YES			
<b>Deletion of 30 days waiting period</b>	: YES			
<b>Deletion of 2/4 year exclusion</b>	: YES			
<b>Limit of additional ambulance charges per person</b>	: 0			

Policy No. : 76140734220400000003 Document generated by 37203 at 24/06/2022 11:46:16 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



Additional cover Opted		:	YES
SL.No	Name of Cover	Limit per family	Overall Policy Limit
N/A	NEW INDIA ASSURANCE CO. LTD.	N/A	100

**Special Conditions**

<b>Special Condition 1</b>	:	Corporare buffer-An Overall limit of ₹50 lakhs should be released based on the approval from client
<b>Special Condition 2</b>	:	.

\* This Policy is subject to NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY Clause as attached  
In the event of death of the insured person(s) due to an insured peril all benefits payable, in respect thereof under this insurance, shall become payable to the Nominee declared in the proposal (incorporated herein as the Schedule) and the Nominee declared in the proposal (incorporated herein as the schedule) and the receipt shall be construed as full and final discharge to the Company in respect of all liability under this policy.

**Premium and GST Details**

	Rate of Tax	Amount in INR
Premium		₹ 42268732.00
SGST	9	3804185
CGST	9	3804185
IGST	0	0
KERALA FLOOD CESS	0	0

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

For and on behalf of  
**The New India Assurance Company Limited**

Date of Issue: 24/06/2022	
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Duly Constituted Attorney(s)

Mudrank \_\_\_\_\_ Dt. \_\_\_\_\_ consolidated Stamp Fees Paid by Pay Order Number \_\_\_\_\_ vide receipt number \_\_\_\_\_ dt. \_\_\_\_\_.

Stamp Duty under the Policy is ₹1/-.

PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX (AMENDMENT) ACT 1986		
This is to certify that Mr./Mrs. STATE HEALTH AND FAMILY WELFARE SOCIETY AROGYAKERALAM has paid ₹ RUPEES FOUR CRORE TWENTY-TWO LAC SIXTY-EIGHT THOUSAND SEVEN HUNDRED THIRTY-TWO ONLY (in words) towards premium and GST of ₹7608370 for New India Flexi Floater Mediclaim for:		
Policy period	:	02/04/2022 12:00:01 AM to 01/04/2023 11:59:59 PM
Policy Certificate no.	:	76140734220400000003
Reciept no. & date	:	76140781220000004701 and 21/06/2022
Date of Issue: 24/06/2022		



Policy No. : 76140734220400000003 Document generated by 37203 at 24/06/2022 11:48:16 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

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**IMPORTANT**

**This policy is subject to the terms and conditions contained in the policy document (Clauses).**

**This policy is governed by Health Insurance Regulations 2016 issued by Insurance Regulatory Development Authority of India on 12.07.2016.**

**This policy is also governed by IRDAI (Protection of Policyholders' Interest) Regulations, 2017.**

**This Schedule comes attached with the policy document (Clauses). If not attached, please ask for the same.**

**Health Insurance Regulation 2016 and IRDAI (Protection of Policyholders' Interest) Regulations, 2017 are available on the website of IRDAI.**

**Beware of spurious calls offering alluring benefits. Never share any policy details with unknown callers. Call 1800-209-1415 for any enquiry or contact the nearest operating office of New India Assurance Co Ltd.**

**IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C**