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Group Medicare
Policy Schedule

Intermediary Name: AXIS BANK LTD

Intermediary Code: 0015455000

Issuing Office: SATARA	
Name of Policyholder : SAMARTH EDUCATIONAL TRUST	
Address of Policyholder : AT POST-AM 1/1 ADDITIONAL MIDC SATARA TAL AND DIST-SATARA SATARA - 415004 SATARA MAHARASHTRA INDIA	
Place of supply -MAHARASHTRA State code -27	
Policy Number: 0239870422	Proposal Number: 202505090333695
Renewal: 00	
Endorsement: 00	
Branch Code: 0958	Eligibility Criteria for Insured Person
GSTIN No :	Business Type: New Business
Contact Details of Policy Holder :	
• Phone/Mobile No :	
• Email ID: limcsatara@gmail.com	
Policy Period : From 00:01 Hrs on 02/05/2025 To 23:59 Hrs on 01/05/2026	
Date of First Policy Inception with us : 02/05/2025	Total Number of Insured Person : 67
Total Sum Insured (₹) : 20100000	Corporate Floater Sum Insured (₹): NA
Type of Plan : Individual	

Details Of Coverages

PCGM CARE-20250504-30578

Coverage	Coverage Details	Sum Insured Details
In patient Treatment	Flat Sum Insured of INR 300000 Family Definition Employee only Inclusion of LGBTQ members Policy will also provide cover for LGBTQ members. However gender reassignment surgery and hormonal therapy shall be excluded	Upto ₹ 300000
Pre Post Hospitalization 60/90	60 - 90 days	Upto ₹ 300000
Day Care	List of 541 Day Care procedure attached in Policy Terms and Conditions is covered	Upto 100% of In-patient Treatment Sum Insured
Organ Donor	Medical and surgical Expenses of the organ donor for harvesting the organ where an Insured Person is the recipient limited to the In-Patient Sum Insured	Upto ₹300000
Ambulance	Road Ambulance covered upto 1% of SI with maximum amount of INR 5000 Per Hospitalisation	Upto ₹5000
Family Transportation Benefit	Covered upto INR 5000	5000

Details Of Additional Covers

PCGM CARE-20250504-30578

Coverage	Coverage Details	Sum Insured Details
Nursing Allowance	Covered for INR 100 per day upto a maximum of 15 days with a deductible of 2 days	Flat Amount in ₹1500
Effective Error Correction	Covered if correction index is +/- 6.5 D	Applicable

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before purchasing a sale.

TATA AIG General Insurance Company Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Pali, Mumbai - 400035
 IRDA of India Registration No.108, CIN No : U85110MH1200091,C128425, UIN No : TATAIGP21248V022021
 Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7789 E-mail: customersupport@tataaig.com





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		for Self 100% of inpatient treatment sum insured and within sum insured limit
Hospital Cash	Hospital Cash Benefit is covered for INR 500 per day for 7 days Only if Hospitalisation is more than 5 days	Applicable for Self 7 days with sum insured limit Per day amount ₹500
Emergency Air Ambulance	Emergency Air Ambulance is covered with per event limit of INR 100000	Applicable for Self Maximum amount payable Upto ₹100000
Psychiatric or Mental Disorder treatment	Policy also covers hospitalization arising out of Psychiatric ailments within a limit of ₹ 50000 per family	Applicable for Self
Congenital External Cover	Covered in Life threatening condition only	Upto 100% of In-patient Treatment Sum Insured
WUSH	Covered in Govt. Recognised hospitals only upto 25% of Sum Insured	Applicable for Self 25% of inpatient treatment sum insured
Limit on Room Rent	No Room Rent Capping	as per SI opted
Limit on Treatment/Illness/Surgery	Age Band - 18 years-90 years Congenital Internal diseases - Covered Health Card Type - Physical Card Beneficiary (Reimbursement Claims) - Employee Terrorism - Any Hospitalisation due to terrorism activities will be covered upto IPD Sum Insured Portability is available on this product as per TATA AIG Retail Health Norms and product features. Dental Treatment - Covered in case of hospitalization due to accident on IPD basis only Cataract Limit (INR) - No Limit Cochlear Implant treatment restricted to 50% of SI Lucentis is covered upto ₹ 50000 per family within Floater Sum Insured COVID 19 - Covered from Day 1 Termination - Policy will cease to be in effect from the date of termination of relationship with the organisation Modern Treatments - IRDAI specified 12 Modern Treatments covered with 50% Co-pay Metro cities includes Mumbai Delhi NCR Chennai Bengaluru Kolkata Hyderabad Pune and Ahmedabad Functional Endoscopic Sinus Surgery - Policy also covers hospitalization arising out of Functional Endoscopic Sinus Surgery within a limit of 35000 per family within the Family Floater SI Reasonable and customary charges waiver required - Indemnity under this policy shall be subject to Reasonable and Customary charges being applied on reimbursement claims to ensure consistency with the prevailing charges in the geographical area for identical or similar services taking into account the nature of the illness / injury involved. Reimbursement claims from network provider co-pay waiver - If the member is getting admitted in any network hospital and filing for reimbursement claim additional 15% co-pay will be applicable for such claims Reimbursement Claim Intimation - All Reimbursement Claims must be intimated to TPA within 24 hrs of Admission except for accidental claims Modern treatment Limit. Uterine Artery Embolization and HIFU (High intensity focused ultrasound) - Covered with 50% Co Pay Balloon Sinuplasty - Covered with 50% Co Pay Deep Brain stimulation - Covered with 50% Co Pay Oral chemotherapy - Covered with 50% Co Pay Immunotherapy- Monoclonal Antibody to be given as injection - Covered with 50% Co Pay Intravitreal injections (Except Lucentis) - Covered with 50% Co Pay Robotic surgeries - Covered with 50% Co Pay Vaporisation of the prostate (Green laser treatment or holmium laser treatment) - Covered with 50% Co Pay Bronchial Thermoplasty - Covered with 50% Co Pay Stereotactic radio surgeries - Covered with 50% Co Pay Intra Operative Neuro Monitoring - Covered with 50% Co Pay Stem cell therapy - Covered with 50% Co Pay Value added Services - Standard.	Applicable for Metro
Payment Option	Co-pay on all claims No co-pay on all claims. Co-pay for Specified Illness Cyberknife treatment covered with 50% Co Pay.	Applicable for Self

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 IRDA of India Registration No.108, CIN No: U85110MH2000PLC128425, UIN No: TATBILGP21248V022021
 Website: www.tataaig.com 24x7 Tollfree Helpline 1800-265-7780 E-mail: customersupport@tataaig.com



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			0% Co-pay for all claims applicable 50% Co-pay for Specified illness applicable
30 Days Waiting Period	Waived Off		NA
Specified Disease Waiting Period	Waived Off		NA
PED Waiting Period	Waived Off		NA
Disease Wise Capping/Sublimit	Limit on Treatment/Illness/Surgery	Metro	NonMetro
	Appendix	No Capping	No Capping
	Eye related(Other than Cataract)	No Capping	No Capping
	Gall Bladder	No Capping	No Capping
	Hernia	No Capping	No Capping
	Hydrocele	No Capping	No Capping
	Hysterectomy	No Capping	No Capping
	Piles	No Capping	No Capping
	Urinary Stone (Incl DJ stent removal for same stone)	No Capping	No Capping
Joint Replacement including Vertebral joints	No Capping	No Capping	

Summary Of Insured Person :	
Age Band	300000
0-18	0
19-35	15
36-45	29
46-55	18
56-60	3
61-65	0
66-70	2
71	0
76-90	0

Details of insured persons covered as per attached annexure along with this policy.

Details of Group VAS Rider Covers (UIN: TATHLGA24112V012324)

Benefit Name	Coverage Limit	Remarks
Discount from Network Providers	Up to unlimited Vouchers per person in a policy year	Additional discount of 2% on Pharmacy & 10% on diagnostics
Health Risk Assessment	Up to unlimited Assessments per person in a policy year	
FlexiCare Support Services Emergency Help me feature	Up to unlimited assistance services per policy in a policy year	
Teleconsultation General	Up to unlimited Sessions per person in a policy year	

Claims Administrator Details :

Details of Claims Administrator:

Name : TATA AIG CORPORATE HEALTH CLAIMS

Address : TATA AIG GENERAL INSURANCE COMPANY LIMITED, 5TH AND 6TH FLOOR, IMPERIAL TOWERS, H. NO 7-1-6-617/A, GHMC NO - 615, 616, AMEERPET, HYDERABAD, 500015

Contact details :

Toll Free No. 18002677123

Email ID : GMCLAIMS@TATAAIG.COM



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IRDA of India Registration No.108, CIN No : U85119MH2000PLC128425, UIN No : TATHLGP21248V022021
Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com



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- Fax No. : NA
- Website (updated network hospital list)

Policy Servicing/Grievances:

For any policy servicing requests or complaints please call our 24X7 Toll free number 1800-266-7780 or you may email to the customer service desk at customersupport@tataaig.com. Senior citizens can call our dedicated line at 1800 22 9966. Please refer The Company's Website for the grievance redressal policy.

Premium Details :

Particulars	Amounts(₹)
Net Premium (₹)	312,580.00
Add : Applicable CGST @9 %	28,132.20
Add : Applicable SGST @9 %	28,132.20
Total Gross Premium (₹)	368,844.00

Stamp Duty Details :

Stamp Duty of ₹60/- is paid as provided under Article 47-C of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No. LOA/ENF1/CSD/99/2024/25/5 Validity Period Dt.16/01/2025 To Dt.31/12/2027/5 Date:01/01/2025

For TATA AIG General Insurance Company Limited

Authorized Signatory

Disclaimer:

Section 64 VB of the Insurance Act,1938:

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurer.
2. Any person making default in complying with the provision of this section shall be liable for penalty which may extend to ten lakh rupees.

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IRDA of India Registration No.108, CIN No : U85110MH2000PLC128425, UIN No : TATHLGP2124RV022021

Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com

RECEIPT

Receipt No. : 109561106195915

Receipt Date : 02/05/2025

Policy No : 0239870422 00 00

Received with thanks from SAMARTH EDUCATIONAL TRUST a sum of ₹ 3,68,844.00 (Rupees Three Lakhs Sixty Eight Thousand Eight Hundred Forty Four And Paise Zero Only)

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	0239870422 00 00	3,68,844.00	3,68,844.00	0.00

Note:

1. This is a computer generated receipt and does not require a signature.
2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and void.
3. Amounts received by cheque shall be subject to realisation.
4. Any amount received in excess of the Premium is being/shall be refunded by the Company.

GSTIN : 27AABCT3518Q1ZW - MAHARASHTRA Service Accounting Code : 997133

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IRDA Registration No.108, CIN No : U85110MH2000PLC128425, PAN : AA9CT3518Q
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 Website: www.tataaig.com 24x7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com

Annexure : List of Insured Persons

Policy Reference No. 0239879422 00 00

Total No. of Primary Insured Person's Covered: 67

Total No. of Dependents Covered: 0

Member ID	Primary Insured Person Code	Primary Insured Person Name	Dependent's Name	Relationship to Primary Insured Person	Gender	Date of Birth	Age	Pre-existing disease	Existing diseases which are permanently Excluded*	Sum Insured (₹)	Risk Inception Date	Date Of First Enrolment
100014567045	1	NITIN UTTAM KANSE	NITIN UTTAM KANSE	Self	MALE	22/11/1967	57			3,00,000	02/05/2025	
100014567046	2	CHANDRASHEKHAR RAMCHANDRA SHINDE	CHANDRASHEKHAR RAMCHANDRA SHINDE	Self	MALE	01/05/1971	53			3,00,000	02/05/2025	
100014567047	3	NILESH RAMCHANDRA SAWANT	NILESH RAMCHANDRA SAWANT	Self	MALE	01/06/1985	39			3,00,000	02/05/2025	
100014567048	4	GOURAV VASANT DGE	GOURAV VASANT DGE	Self	MALE	02/01/1984	41			3,00,000	02/05/2025	
100014567049	5	MAHESH MLKUND GAKWAD	MAHESH MLKUND GAKWAD	Self	MALE	02/05/1988	37			3,00,000	02/05/2025	
100014567050	6	MAHESH BHANUDAS SHINDE	MAHESH BHANUDAS SHINDE	Self	MALE	27/09/1986	38			3,00,000	02/05/2025	
100014567051	7	JAYSHRI RAJENDRA SHINDE	JAYSHRI RAJENDRA SHINDE	Self	FEMALE	18/06/1973	51			3,00,000	02/05/2025	
100014567052	8	AMAR GANPAT ADAKE	AMAR GANPAT ADAKE	Self	MALE	23/05/1971	53			3,00,000	02/05/2025	
100014567053	9	ASIF ABULRAHIMAN SHAIKH	ASIF ABULRAHIMAN SHAIKH	Self	MALE	10/05/1973	51			3,00,000	02/05/2025	
100014567054	10	KIRAN ANANDRAO KIRTIKUDAVE	KIRAN ANANDRAO KIRTIKUDAVE	Self	MALE	16/05/1975	49			3,00,000	02/05/2025	
100014567055	11	NILESH MLKUND GAKWAD	NILESH MLKUND GAKWAD	Self	MALE	30/01/1990	35			3,00,000	02/05/2025	
100014567056	12	VINAYAK RAMSINGH RAJPUT	VINAYAK RAMSINGH RAJPUT	Self	MALE	04/02/1980	45			3,00,000	02/05/2025	
100014567057	13	SACHIN PRALHAD DESHMURKH	SACHIN PRALHAD DESHMURKH	Self	MALE	27/02/1981	44			3,00,000	02/05/2025	
100014567058	14	DIPAK DYANDEO CHAVAN	DIPAK DYANDEO CHAVAN	Self	MALE	16/10/1979	45			3,00,000	02/05/2025	
00014567059	15	AJAY NAMDEV CHAVAN	AJAY NAMDEV CHAVAN	Self	MALE	16/05/1977	47			3,00,000	02/05/2025	
00014567060	16	VIKRAM HANUMANT JADHAV	VIKRAM HANUMANT JADHAV	Self	MALE	18/02/1990	35			3,00,000	02/05/2025	
00014567061	17	PRABODH SURYAKANT GHOLAP	PRABODH SURYAKANT GHOLAP	Self	MALE	12/07/1988	36			3,00,000	02/05/2025	
00014567062	18	SHRIKANT RAMCHANDRA CHORGE	SHRIKANT RAMCHANDRA CHORGE	Self	MALE	12/10/1989	35			3,00,000	02/05/2025	
00014567063	19	RUPALI VEJAY NALAWADE	RUPALI VEJAY NALAWADE	Self	FEMALE	21/03/1974	51			3,00,000	02/05/2025	
00014567064	20	VIDYA BABUNATH JAMBHALE	VIDYA BABUNATH JAMBHALE	Self	FEMALE	05/03/1985	40			3,00,000	02/05/2025	
00014567065	21	ANKUSH RAMRAO BANKAR	ANKUSH RAMRAO BANKAR	Self	MALE	05/02/1982	43			3,00,000	02/05/2025	



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100014567055	22	UTTAM TUKARAM GHADAGE	UTTAM TUKARAM GHADAGE	Self	MALE	16/05/1958	66			3,00,000	02/05/2025
100014567067	23	SUVARNA MAHADEV CHAVAN	SUVARNA MAHADEV CHAVAN	Self	FEMALE	26/12/1985	39			3,00,000	02/05/2025
100014567068	24	PUSHPA DIPAK BHOSALE	PUSHPA DIPAK BHOSALE	Self	FEMALE	18/08/1983	41			3,00,000	02/05/2025
100014567059	25	TANAJI SUDAM KHUDE	TANAJI SUDAM KHUDE	Self	MALE	05/08/1991	33			3,00,000	02/05/2025
100014567070	26	VISHAL SUBHASH SHINDE	VISHAL SUBHASH SHINDE	Self	MALE	03/03/1983	42			3,00,000	02/05/2025
100014567071	27	UMESH GOPAL CHANGAN	UMESH GOPAL CHANGAN	Self	MALE	09/04/1969	36			3,00,000	02/05/2025
100014567072	28	VARSHA DATTATRAY MOHITE	VARSHA DATTATRAY MOHITE	Self	FEMALE	01/06/1984	40			3,00,000	02/05/2025
100014567073	29	RUPALI ANIL GHADAGE	RUPALI ANIL GHADAGE	Self	FEMALE	22/01/1987	38			3,00,000	02/05/2025
100014567074	30	VISHAL VASANT KHAIJURE	VISHAL VASANT KHAIJURE	Self	MALE	11/04/1986	39			3,00,000	02/05/2025
100014567075	31	RAHUL LALASAHEB DEWKANT	RAHUL LALASAHEB DEWKANT	Self	MALE	10/10/1987	37			3,00,000	02/05/2025
100014567076	32	VARSHA KAPILDEV SASANE	VARSHA KAPILDEV SASANE	Self	FEMALE	09/07/1992	32			3,00,000	02/05/2025
100014567077	33	RAMDAS VILAS SHINDE	RAMDAS VILAS SHINDE	Self	MALE	26/12/1993	31			3,00,000	02/05/2025
100014567078	34	SANJAY RAGHUNATH PATIL	SANJAY RAGHUNATH PATIL	Self	MALE	28/06/1970	54			3,00,000	02/05/2025
100014567079	35	SANDIP DATTATARYA TATE	SANDIP DATTATARYA TATE	Self	MALE	30/04/1984	41			3,00,000	02/05/2025
100014567080	36	AGAND KHANDERAJ BUCHAWALE	AGAND KHANDERAJ BUCHAWALE	Self	MALE	25/10/1989	35			3,00,000	02/05/2025
100014567081	37	RUSHIKESH RAMESH GADEKAR	RUSHIKESH RAMESH GADEKAR	Self	MALE	06/11/1989	35			3,00,000	02/05/2025
100014567082	38	SUNIL RAMESH GHADGE	SUNIL RAMESH GHADGE	Self	MALE	26/03/1986	39			3,00,000	02/05/2025
100014567083	39	SWAPNIL SURESH BHUTE	SWAPNIL SURESH BHUTE	Self	MALE	13/03/1987	38			3,00,000	02/05/2025
100014567084	40	SWATI VIKAS KUMBHAR	SWATI VIKAS KUMBHAR	Self	FEMALE	18/10/1985	39			3,00,000	02/05/2025
100014567085	41	POOJA PRATIK METHARI	POOJA PRATIK METHARI	Self	FEMALE	06/04/1995	30			3,00,000	02/05/2025
100014567086	42	ASHOK JAYSING NALAGE	ASHOK JAYSING NALAGE	Self	MALE	16/05/1980	44			3,00,000	02/05/2025
100014567087	43	MANGESH SHIVAJIRAO GURAV	MANGESH SHIVAJIRAO GURAV	Self	MALE	31/07/1998	35			3,00,000	02/05/2025
100014567088	44	SUNITA UMESH LOHAR	SUNITA UMESH LOHAR	Self	FEMALE	27/06/1973	51			3,00,000	02/05/2025
100014567089	45	RAMDAS BHAGWAN NALAWADE	RAMDAS BHAGWAN NALAWADE	Self	MALE	03/10/1984	40			3,00,000	02/05/2025
100014567090	46	KISHOR DINKAR BARGE	KISHOR DINKAR BARGE	Self	MALE	04/07/1970	54			3,00,000	02/05/2025
100014567091	47	DHIRAJ BABAN SHINDE	DHIRAJ BABAN SHINDE	Self	MALE	06/07/1984	40			3,00,000	02/05/2025
100014567092	48	MANGESH KARUSHAT BOBHATE	MANGESH KARUSHAT BOBHATE	Self	MALE	18/07/1995	29			3,00,000	02/05/2025
100014567093	49	KOMAL ROHIT GODSE	KOMAL ROHIT GODSE	Self	FEMALE	21/06/1994	30			3,00,000	02/05/2025

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100014567094	50	NEETA VISHNUDAS KABASE	NEETA VISHNUDAS KABASE	Self	FEMALE	01/12/1966	58			3,00,000	02/05/2025
100014567095	51	KULDEEP VISHWAS PANASKAR	KULDEEP VISHWAS PANASKAR	Self	MALE	08/07/1992	42			3,00,000	02/05/2025
100014567096	52	YASHWANT VISHNU MOHITE	YASHWANT VISHNU MOHITE	Self	MALE	02/06/1976	48			3,00,000	02/05/2025
100014567097	53	POOJA RANJIT GHOLAP	POOJA RANJIT GHOLAP	Self	FEMALE	11/11/1992	32			3,00,000	02/05/2025
100014567098	54	VIJAYA DILIP BHOSARKAR	VIJAYA DILIP BHOSARKAR	Self	FEMALE	28/05/1955	69			3,00,000	02/05/2025
100014567099	55	UTTAM NARAYANRAO KADAM	UTTAM NARAYANRAO KADAM	Self	MALE	02/06/1976	48			3,00,000	02/05/2025
100014567100	56	SHANKAR EKNATH KADAM	SHANKAR EKNATH KADAM	Self	MALE	02/03/1968	57			3,00,000	02/05/2025
100014567101	57	SANITA BAPURAO SHEDGE	SANITA BAPURAO SHEDGE	Self	FEMALE	25/06/1973	51			3,00,000	02/05/2025
100014567102	58	AJAY SHIVAJI SAWANT	AJAY SHIVAJI SAWANT	Self	MALE	15/06/1991	33			3,00,000	02/05/2025
100014567103	59	VAISHALI CHANDRAKANT YEWALE	VAISHALI CHANDRAKANT YEWALE	Self	FEMALE	23/08/1976	48			3,00,000	02/05/2025
100014567104	60	RAJESH MADHUKAR PAWAR	RAJESH MADHUKAR PAWAR	Self	MALE	15/02/1974	51			3,00,000	02/05/2025
100014567105	61	DHANRAJ BAPURAO JADHAV	DHANRAJ BAPURAO JADHAV	Self	MALE	22/10/1974	50			3,00,000	02/05/2025
100014567106	62	MANJUSHA DATTATARY PAWAR	MANJUSHA DATTATARY PAWAR	Self	FEMALE	22/10/1991	33			3,00,000	02/05/2025
100014567107	63	MADHAV SAYAJI SHELAR	MADHAV SAYAJI SHELAR	Self	MALE	08/02/1976	49			3,00,000	02/05/2025
100014567108	64	BHANUDAS BHAGWAN NALAWADE	BHANUDAS BHAGWAN NALAWADE	Self	MALE	09/12/1980	44			3,00,000	02/05/2025
100014567109	65	VANDANA BHEMRAO TAWARE	VANDANA BHEMRAO TAWARE	Self	FEMALE	28/11/1972	52			3,00,000	02/05/2025
100014567110	66	KALYANI BAPUSO KSHERSAGAR	KALYANI BAPUSO KSHERSAGAR	Self	FEMALE	17/05/1995	28			3,00,000	02/05/2025
100014567111	67	SACHIN UTTAM GHADAGE	SACHIN UTTAM GHADAGE	Self	MALE	13/01/1981	44			3,00,000	02/05/2025

Customer Information Sheet/Know Your Policy

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

S.NO	Title	Description	Policy Clause Number	
1.	Name of the Insurance Policy	Group Medicare		
2.	Policy Number	0239070422		
3.	Type of Insurance Policy	Both Indemnity & benefit		
4.	Sum Insured(Basis) (Along with Amount)	Individual		
		Details Of Coverage:		
		PGMCARE-20250504-30578		
		Coverage	Coverage Details	Sum insured Details
		In-Patient Treatment	Flat Sum Insured of INR 300000 Family Definition Employee only Inclusion of LGBTQ members Policy will also provide cover for LGBTQ members. However gender reassignment surgery and hormonal therapy shall be excluded	Upto ₹ 300000
		Pre Post Hospitalization 60/90	60 - 90 days	Upto ₹ 300000
		Day Care	List of 541 Day Care procedure attached in Policy Terms and Conditions is covered	Upto 100% of In-patient Treatment Sum Insured
		Organ Donor	Medical and surgical Expenses of the organ donor for harvesting the organ where an Insured Person is the recipient limited to the In-Patient Sum Insured	Upto ₹300000
		Ambulance	Road Ambulance covered upto 1% of SI with maximum amount of INR 5000 Per Hospitalisation	Upto ₹5000
		Family Transportation Benefit	Covered upto INR 5000	5000
		Refractive Error Correction	Covered if correction index is +/- 6.5 D	Applicable for Self 100% of inpatient treatment sum insured and within sum insured limit
		Details Of Additional Covers:		
		PGMCARE-20250504-30578		
		Coverage	Coverage Details	Sum insured Details
		Nursing Allowance	Covered for INR 100 per day upto a maximum of 15 days with a deductible of 2 days	Flat Amount in ₹ 1500
Hospital Cash	Hospital Cash Benefit is covered for INR 500 per day for 7 days Only if Hospitalisation is more than 5 days	Applicable for Self 7 days within sum insured limit Per day amount ₹ 500		
Emergency Air Ambulance	Emergency Air Ambulance is covered with per event limit of INR 100000	Applicable for Self Maximum amount payable Upto ₹ 100000		



CoPayment Option	Co-pay on all claims No co-pay on all claims. Co-pay for Specified Illness Cyberknife treatment covered with 50% Co Pay.	Applicable for Self 0% Co-pay for all claims applicable 50% Co-pay for Specified illness applicable
30 Days Waiting Period	Waived Off	NA
Specified Disease Waiting Period	Waived Off	NA
PED Waiting Period	Waived Off	NA
Psychiatric or Mental Disorder Treatment	Policy also covers hospitalization arising out of Psychiatric ailments within a limit of ₹ 50000 per family	Applicable for Self
Congenital External Cover	Covered in Life threatening condition only	Upto 100% of In-patient Treatment Sum Insured
AYUSH	Covered in Govt. Recognised hospitals only upto 25% of Sum Insured	Applicable for Self 25% of inpatient treatment sum insured
Limit on Room Rent	No Room Rent Capping	as per SI opted
Disease Wise Capping/Sublimit	Limit On Treatment/Illness/Surgery	Metro NonMetro
	Appendix	No Capping No Capping
	Eye related (Other than Cataract)	No Capping No Capping
	Gall Bladder	No Capping No Capping
	Hernia	No Capping No Capping
	Hydrocele	No Capping No Capping
	Hysterectomy	No Capping No Capping
	Piles	No Capping No Capping
	Urinary Stone (incl DJ stent removal for same stone)	No Capping No Capping
	Joint Replacement including Vertebral joints	No Capping No Capping

The Customer Information Sheet should be read in conjunction with the Certificate of Insurance and Insurance coverage will be applicable only to the covers and up to the Sum Insured limits as specifically mentioned in the Certificate of Insurance

Base Covers:

• **In-Patient Treatment**

We will cover for expenses for hospitalization due to disease/illness/injury during the policy period that requires an Insured Person's admission in a hospital as an inpatient. Medical expenses directly related to the hospitalization would be payable provided:

i. Limit on Room Rent / Room Category:

We will, first Room Rent up to the amount/percentage of Sum Insured or room category as specified in the Policy Schedule/ Certificate of Insurance.

ii. Associated Medical Expenses:

a. If the Insured Person is admitted in a room where the Room Rent expenses incurred is higher than limit specified in the Policy Schedule/ Certificate of Insurance, then the Insured Person shall bear a rateable proportion of the total Associated Medical Expenses (including surcharge or taxes thereon), except pharmacy charges, diagnostic costs, costs of implants & medical devices and consumables expenses, in the proportion of the difference between the eligible Room Rent expenses to the Room Rent expenses actually incurred. Proportionate Expenses is applied in respect of the Hospital which follow differential billing or for those expenses in respect of which differential billing is adopted based on the Room Category.

b. If the Insured Person is admitted in a hospital room where the room category opted is higher than the

category specified in the Policy Schedule/Certificate of Insurance, then the Insured Person shall bear 10% of admissible claim amount. In case of unavailability of specified room category, the Insured Person is eligible for next immediate available hospital room provided that necessary documented proof for unavailability of such hospital room is furnished to us.

iii. Limit on Treatment / Illness/ Surgery/ Medical Condition:

We will cover the Medical Expenses incurred towards claim for a specified treatment of an Illness/procedure upto the amount of Sub-Limit applicable per claim during the Policy Year as specified in the Policy Schedule/ Certificate of Insurance.

• **Pre Hospitalization expenses**

We will cover the Pre-Hospitalization expenses for consultations, investigations and medicines incurred upto the number of days as specified in your policy schedule/ Certificate of Insurance. The benefit is payable if We have admitted a claim under In-patient Treatment/Day Care Procedures/Domiciliary treatment.

• **Post Hospitalization expenses**

We will cover the Post-Hospitalization expenses for consultations, investigations and medicines incurred upto the number of days, as specified in your policy schedule/ Certificate of Insurance. The benefit is payable if We have admitted a claim under In-patient Treatment/Day Care Procedures /Domiciliary treatment.

• **Day Care Procedures**

We will cover expenses for listed Day Care treatment due to disease/illness/Injury during the policy period taken at a hospital or a Day Care Centre. The list of such day care procedures covered is available on our website (www.tataaig.com). This benefit under the policy will be limited to the amount specified in the Policy Schedule/ Certificate of Insurance. Treatment normally taken on out-patient basis is not included in the scope of this cover.

• **Organ Donor**

We will cover for Medical and surgical Expenses of the organ donor for harvesting the organ where an Insured Person is the recipient provided that: i. The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organs Act (Amended) , 1994 and other applicable laws and rules and the organ donated is for the use of the Insured Person, and ii. We have accepted an inpatient Hospitalization claim for the insured member under In-Patient Hospitalization Treatment (section B1). This benefit under the policy will be limited to the amount specified in the Policy Schedule/ Certificate of Insurance.

• **Ambulance Cover**

We will cover for expenses incurred on transportation of Insured Person in a registered ambulance to a Hospital for admission in case of an Emergency or from one hospital to another hospital for better medical facilities and treatment, subject to amount as specified on the policy schedule/Certificate of Insurance. For this claim to be paid, the claim must be admissible under section In-patient Treatment or Day Care Procedures of this policy.

• **Family Transportation Benefit**

If We have accepted a claim under Benefit B1, then We will reimburse the actual expenses incurred in transporting one Immediate Family Member from the Insured Person's residence to the Hospital where the Insured Person is admitted, provided that such Hospital is located at least 200 kms away from the Insured Person's residence up to the limit as specified in the policy schedule/Certificate of Insurance. For the purpose of this benefit, Immediate Family Member means the Insured Person's legal spouse, children, parents, parents-in-law, legal guardian, ward, step child or adopted child.

Appendix II: Endorsements

• **Inclusion of Nursing Allowance**

We will pay for expenses related to the services of a registered nurse attending to the Insured Person at the Insured Person's home immediately following his discharge from Hospital up to the limit as specified in the policy schedule/Certificate of Insurance.

• **Inclusion of Hospital Cash Benefit**

We will pay the Hospital Daily Cash Benefit as specified in the Policy Schedule/ Certificate of Insurance for each continuous and completed 24 Hours of Hospitalisation during the Policy Year.

• **Inclusion Of Emergency Air ambulance cover**

We will pay For ambulance transportation Of the Insured Person In an airplane Or helicopter subject To amount specified On the policy schedule/Certificate Of Insurance, for emergency life threatening health conditions which require immediate and rapid ambulance transportation to the hospital/medical centre for further medical management.

• **Inclusion of Co-payment**

The Insured Person will pay the percentage specified in the Policy Schedule/ Certificate of Insurance as Co-Payment and We will pay the balance amount that We assess as payable in respect of any claim under the Policy made by an Insured Person.

• **Inclusion of Psychiatric/ Mental Disorder Treatment On Inpatient basis**

We will cover the Medical Expenses up to the limit specified in the Policy Schedule /Certificate of Insurance for In-patient treatment in a recognised psychiatric unit of a Hospital including consultations, diagnostics, counselling and/or therapy and medication. The In-patient treatment under this Benefit must at all times be administered under the direct control of a registered psychiatrist.

• **Inclusion of Congenital External Cover**

We will pay Medical Expenses incurred towards treatment of Congenital External Anomalies and its complications up to the limits as specified in the Policy schedule / Certificate of Insurance.

• **Inclusion of Refractive Error Correction Cover (Beyond +/- 5)**

We will pay the Reasonable and Customary Charges up to the limit specified in the Policy Schedule

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale.

TATA AIG General Insurance Company Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Part, Mumbai- 400 013.

IRDA of India Registration No.108, CIN No : U85110MH2000PLC128425, UIN No : TATHLGP21248V022021

Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customer.support@tataaig.com

5. Policy Coverage

Section 2: Benefits



/Certificate of Insurance, incurred during the Policy Year, in respect of correction of refractive errors, beyond +/- 5, of one or both the eyes.

• **Inclusion of Ayush Cover**

We will pay the reasonable and customary charges incurred in respect of dental treatment during the Policy year.

• **Deletion of Limit on Room Rent/ Room Category**

Limit on Room Rent/ Room Category stands deleted

i) Standard Exclusion

Medical Exclusions

1. Investigation & Evaluation (Code- Exd 04)

a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation and respite care (Code- Exd 05) : Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs

3. Obesity/ Weight Control (Code- Exd 06) Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:

1) Surgery to be conducted is upon the advice of the Doctor

2) The surgery/Procedure conducted should be supported by clinical protocols

3) The member has to be 18 years of age or older and 4) Body Mass Index (BMI); a) greater than or equal to 40 or b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: I. Obesity - related cardiomyopathy II. Coronary heart disease III.

Severe Sleep Apnea IV. Uncontrolled Type 2 Diabetes

4. Change-of-Gender treatments: (Code- Exd 07) Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or plastic Surgery: (Code Exd 08) Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Exd 12)

7. Treatments received in health spas, 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- Exd 13)

8. 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- Exd 14)

9. Refractive Error: (Code- Exd 15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diptres

10. Unproven Treatments: (Code- Exd 16) Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

11. Sterility and Infertility: (Code Exd 17) Expenses related to sterility and infertility. This includes: i. Any type of contraception, sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization

12. Maternity (Code - Exd 18):

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

ii. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy



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<p>6. Exclusions</p>	<p>during the policy period.</p> <p>Non-Medical Exclusions</p> <p>i. Hazardous or Adventure Sports (Code Exd09)</p> <p>ii. Breach of law (Code Exd10)</p> <p>iii. Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible.</p> <p>ii) Specific Exclusions</p> <p>1. Exclusions with waiting periods</p> <p>i. Nine months maternity waiting period shall be waived off</p> <p>2. Medical Exclusions</p> <p>i. Congenital External Diseases, defects or anomalies.</p> <p>ii. Stem cell therapy however Hematopoietic stem cells for bone marrow transplant for haematological conditions will be covered under Benefit B1 and B4 of this Policy.</p> <p>iii. Growth hormone therapy.</p> <p>iv. Sleep-apnoea.</p> <p>v. Admission primarily for administration of Intra-articular or intra-lesional injections or Intravenous immunoglobulin infusion or supplementary medications like Zoledronic Acid.</p> <p>vi. Venereal disease , sexually transmitted disease or illness.</p> <p>vii. All preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment and other vaccines explicitly covered).</p> <p>viii. Dental treatment or surgery of any kind unless as a result of Illness/Accidental Bodily Injury to natural teeth and also requiring hospitalization.</p> <p>ix. Any non-allopathic treatment.</p> <p>3. Non-Medical Exclusions</p> <p>i. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, ionising radiation.</p> <p>ii. Any Insured Person's participation or involvement in naval, military or air force operation.</p> <p>iii. Intentional self-injury or attempted suicide while sane or insane.</p> <p>iv. Items of personal comfort and convenience like television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service.</p> <p>v. Treatment rendered by a Medical Practitioner which is outside his discipline vi. Doctor's fees charged by the Medical Practitioner sharing the same residence as an Insured Person or who is an immediate relative of an Insured Person's family.</p> <p>vi. Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy unless explicitly stated and covered in the policy.</p> <p>vii. Any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.</p> <p>ix. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription</p> <p>x. Crutches or any other external appliance and/or device used for diagnosis or treatment t (except when used intra-operatively and explicitly stated and covered in the policy.</p> <p>xi. Any claim incurred after date of proposal/enrolment form and before issuance of policy/Certificate of Insurance where there is change in health status of the member and the same is not communicated to us.</p>	<p>Section3:Exclusions</p>
<p>7. Waiting Period</p> <p>Financial limits of coverage i. Sub-limit (it is predefined limit and the insurance company will not pay any amount in the excess</p>	<p>Please refer to point no.4</p>	



<p>of this limit) ii.Co-payment(it is a specified amount/percentage of the admissible claim amount to be paid by policy holder/insured) 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) Any other limit (as applicable)</p>	<p>Please refer to point no.4</p>										
<p>9. Claims/Claims Procedure</p>	<p>This section explains about the procedures involved to file a valid claim by the insured member and processes related in managing the claim by TPA or Us. All the procedures and processes such as notification of claim, availing cashless service, supporting claim documents and related claim terms of payment are explained in this section.</p> <p>Notification of Claims</p> <table border="1" data-bbox="518 896 1284 1243"> <thead> <tr> <th></th> <th>Treatment,Consulation or procedure:</th> <th>We are our TPA* must be informed:</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>If any treatment for which a claim may be made and that treatment requires planned Hospitalisation:</td> <td>At least 48 hours prior to the Insured Person's admission.</td> </tr> <tr> <td>2</td> <td>If any treatment for which a claim may be made and that treatment requires emergency Hospitalisation /Home Care Expenses wherever opted</td> <td>Within 24 hours of the Insured Person's admission to Hospital.</td> </tr> </tbody> </table> <p>*TPA as mentioned in the policy schedule</p> <p>Failure to furnish such intimation within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof of such delay within such time. The Company may relax these timelines only in special circumstances and for the reasons beyond the control of the insured.</p>		Treatment,Consulation or procedure:	We are our TPA* must be informed:	1	If any treatment for which a claim may be made and that treatment requires planned Hospitalisation:	At least 48 hours prior to the Insured Person's admission.	2	If any treatment for which a claim may be made and that treatment requires emergency Hospitalisation /Home Care Expenses wherever opted	Within 24 hours of the Insured Person's admission to Hospital.	<p>Section 5:Claims Procedure and Claim Payment</p>
	Treatment,Consulation or procedure:	We are our TPA* must be informed:									
1	If any treatment for which a claim may be made and that treatment requires planned Hospitalisation:	At least 48 hours prior to the Insured Person's admission.									
2	If any treatment for which a claim may be made and that treatment requires emergency Hospitalisation /Home Care Expenses wherever opted	Within 24 hours of the Insured Person's admission to Hospital.									
<p>10. Policy Servicing</p>	<p>Toll Free: <1800 266 7780> or <1800 22 9955> (only for Senior Citizen policyholders)</p>	<p>Section (4): General Terms and Clauses</p>									
<p>11. Grievances/Complaints</p>	<p>Redressal Grievance</p> <p>In case of any grievance the insured person may contact the company through</p> <ul style="list-style-type: none"> -Website: www.tataaig.com Call us 24x7 toll free helpline 1800 266 7780 or 1800 22 9955 (Senior Citizen) -Email us at customersupport@tataaig.com -Courier: Customer Support, Tata AIG General Insurance Company Limited, 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063 <p>Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.</p> <p>Escalation Level 1:</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 manager.customersupport@tataaig.com. For updated details of grievance officer, kindly refer the link (https://www.tataaig.com/grievance-redressal-policy)</p> <p>Escalation Level 2:</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.</p>	<p>Section (4): General Terms and Clauses</p>									



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• Grievance may also be lodged at IRDAI Integrated Grievance Management System (<https://igms.irda.gov.in/>)

12.	Things to remember	1.Free Look Period 2.Cancellation 3.Claim Settlement	Section (4): General Terms and Clauses
13.	Your Obligations	The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the Policyholder	

Declaration by the policy holder:

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

Place: MAHARASHTRA

Date: 02/05/2025

SAMARTH EDUCATIONAL TRUST

(Signature of the policy holder)

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

