31-25-0338888-00

Nisha .
E-11A , Milap Nagar
uttam nagar
Delhi
DELHI
INDIA
110059
9528482800

04/11/2025

Dear Nisha .,

Thank you for choosing us. In our journey together, we promise to offer you the best insurance and assurance of good health.

Together, we will achieve our goals by making every small step count. Every ladder you climb, every calorie you burn, every lap you swim, every song you dance on - every little act will move the needle towards a healthier you.

Excited? So are we! Get ready to make the most out of your new insurance plan **Activ One - MAX**

Thank you once again for partnering with us. With our purpose of Empowering You To Lead A Healthier Life, we ensure you a fruitful and healthful journey.

Warm regards,

Mayank Bathwal
Chief Executive Officer
Aditya Birla Health Insurance Co. Limited.

Aditya Birla Health Insurance Co. Ltd.

POLICY NUMBER: 31-25-0338888-00

Name	Membership No	DOB
Nisha .	PT40253550	19/Feb/2000

For assistance, connect with us via the following channels:

Empowering people

- **Up to 100% of your Premium as Health Returns™**
- **90 days pre and 180 days post Hospitalization Coverage**
- **Any Room of your Choice up to Base Sum Insured**
- **Claims Protect: Avail Claim coverage for listed Non-Medical expenses**
- **Super Reload: Unlimited refil up to 100% Sum Insured from 2nd claim Onwards**

Introducing The Activ Health

DOWNLOAD NOW

Your health and your policy, all in one place

On WhatsApp send 'Hi' to +91 8828800035

Dial 1800-270-7000 to speak to an executive

care.healthinsurance@adityabirlacapital.com

Follow us on:

Product Name: Activ One, Product UIN: ADIHLIP24097V012324

ADITYA BIRLA CAPITAL
HEALTH INSURANCE

Activ One MAX
Policy Schedule

This document will serve as a quick guide for you to understand important information regarding your health insurance policy including its key features, coverage limits, premium details and nominee details, among others.

Policy Issuing Office	Unit no 1101 & 1104 11th floor, Unit no 1501& 1502, 15th floor, G Corp Tech Park, Kasarwadavali, 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	5100357
Intermediary Contact Details	18002585970	Intermediary E-mail ID	adityabirla@policybazaar.com
Toll Free Number	18002707000		

I. Details of Policyholder

Policyholder Name	Nisha .
Policyholder Address	E-11A , Milap Nagar uttam nagar Delhi, 110059, West Delhi, DELHI
Contact Number	9528482800
Email Id	niXXXXXXXXXX91@gmail.com
GSTIN	NA

II. Policy Details

Product Name	**Activ One**		
Plan	MAX		
Policy Number	31-25-0338888-00		
First Policy Start date	04/11/2025		
Start Date of Policy & Time	00:00 hrs on 04/11/2025	Expiry Date & Time of Policy	23:59 hrs on 03/11/2026
Policy Type	Individual	Policy Tenure	1 Year
Policy Category	New Business	Enrollment for Automatic renewal premium payment facility	NO
Mode of Premium payment	Monthly		
Portability/Migration	No	Previous Policy Number	NA
GSTIN	NA	GSTIN Account Type	NA

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 Proposer	Member ID	Age (completed birthday)	Gender	DOB (DD-MM-YYYY)	Pre-Existing Diseases (PED) (if applicable)	Start date of first policy with us(applicable at policy renewal)
Nisha .	NA	Self	PT40253550	25	Female	19/02/2000	NA	04/11/2025

Continued and to be read in conjunction of the table above

Base Sum Insured	Initial Waiting Period	Specific disease Waiting period	Pre-Existing Disease Waiting Period	Super Credit Amount	Super Credit %
1500000	30 Days	2 Years	3 Years	0	NA

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

IIIB. Chronic Care Details

Name of the Insured Person	Chronic Condition	Waiting Period from Start Date of First Policy	Start Date of Coverage	Chronic Management Program Applicability
Nisha .	No	NA	NA	No

Name of the Insured Person	Special Condition (if applicable)
Nisha .	No

Name of the Insured Person	Pre-Existing Disease Details (if applicable)
Nisha .	NA

HealthReturns™ (Applicable for Renewal Policy)		
Name of the Insured Person	HealthReturns™ carried forward from Previous Year	Total HealthReturns™ available for utilization
Nisha .	NA	0

Trademarks - HealthReturns™, 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
Varsha .	Mother	NA

Appointee Details: (Required only if Nominee is a Minor)

Appointee Name	Relationship with Nominee
NA	NA
Note - A Minor should not be declared as Appointee.	

VI. Product Benefit Table

	Product Name		**Activ One**
	Plan Variant		**MAX**
	Base Sum Insured		Refer Base Sum Insured column under Insured Person's details above
Basic Covers	Hospitalization Treatment	Room Rent	Any Room - Actuals up to Sum Insured
		ICU Charges	Actuals up to Sum Insured
		Road Ambulance Cover (per hospitalization)	Actuals up to Sum Insured
		Day Care Treatments	Actuals up to Sum Insured
		Modern Procedures / Treatments	Actuals up to Sum Insured for listed procedures
		HIV / AIDS and STD Cover	Actuals up to Sum Insured
		Mental Illness Hospitalization	Actuals up to Sum Insured
		Obesity Treatment	Actuals up to Sum Insured
	Pre-Hospitalization Expenses (up to Sum Insured)		90 Days
	Post-Hospitalization Expenses (up to Sum Insured)		180 Days
	Claim Protect (Non-Medical Expense Waiver)		Waiver of Non-Medical Expense Exclusion of Base Policy List as per Annexure 1 (all 4 lists)
	Domiciliary Hospitalization		Actuals up to Sum Insured
	Home Health Care		Actuals up to Sum Insured
	AYUSH Treatment		Actuals up to Sum Insured
	Organ Donor Expenses		Actuals up to Sum Insured
	Annual Health Check up (Listed & Cashless)		Covered
	Super Reload	Unlimited Refill [2nd Claim onwards - Unlimited Times (upto Base Sum Insured)]	Covered
	Super Credit (increases irrespective of claim)		100% of SI per year, up to 500% of Base Sum Insured (up to Max of 3 Cr under this benefit)
	Health Management Program	Health Assessment™	Available once in a policy year undertaken at our Network Providers / Empaneled Service Providers on a cashless basis only / on digital basis
		HealthReturns™	Available up to 100% of the Premium

VII. Premium Details (INR)

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
10148.7	0.00	608.92	0	0	0	0	0	10758.00

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 : 04/11/2025

Location : Mumbai

Authorized Signatory

Premium certificate

For the purpose of deduction under section 80D of Income Tax Act,1961.

PREMIUM PAID STATEMENT FOR THE YEAR:- 2025-2026

DATE OF ISSUE:- 04-NOV-25

The following premium has been received for MAX of Activ One

Premium certificate for the purpose of deduction under section 80D of Income Tax Act, 1961.

This is to certify that Mr./Ms./Mrs. Nisha . has paid

INR. 896 (In Words Eight Hundred Ninety Six Only

towards the premium for Health Insurance vide Direct Credit Transaction ID/Cheque No.RR-25-26-00939444 for the period

from 04-NOV-25 To 03-DEC-25 Midnight for Policy No. 31-25-0338888-00

DATE: 04-NOV-25

For Aditya Birla Health Insurance Co. Limited

Place: Mumbai

Authorized Signatory

**This certificate must be surrendered to the Company for issuance of fresh certificate in case of cancellation of the policy or any alteration in the insurance affecting premium.

Number of Instalments and Payment mode Payment mode = Monthly	Transaction ID/Cheque No	Premium (Rs)	Service Tax / GST Amount Received	Received Date	Next Due Date
1	RR-25-26-00939444	896.47	0	04-NOV-25	04-DEC-25

This document is electronically generated. In case of any queries, please send mail at care.healthinsurance@adityabirlacapital.com
Our Customer care official will get in touch with you

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Aditya Birla Health Insurance Co. Ltd.

ADITYA BIRLA CAPITAL
HEALTH INSURANCE

Toll Free No. : 1800 270 7000
Website : adityabirlahealthinsurance.com
Email : care.healthinsurance@adityabirlacapital.com

Aditya Birla Health Insurance Co. Ltd.

ADITYA BIRLA CAPITAL
HEALTH INSURANCE

POLICY NO. 31-25-0338888-00

Name	Membership No.	DOB
Nisha .	PT40253550	19/Feb/2000

Aditya Birla Health Insurance Co. Limited (ABHI) Reg. IRDA Reg. No. 151, CIN No. U66010MH2015PLC263677, Website : www.adityabirlahealthinsurance.com Fax: 022 6225 7100 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 licensed user agreements.

ADITYA BIRLA CAPITAL
HEALTH INSURANCE

Activ One MAX

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

<table>
<tr><th>SR. No.</th><th>TITLE</th><th>DESCRIPTION</th><th>POLICY CLAUSE NUMBER</th></tr>
<tr><td>01.</td><td>Product Name</td><td>Activ One MAX</td><td></td></tr>
<tr><td>02.</td><td>Policy Number</td><td>31-25-0338888-00</td><td></td></tr>
<tr><td>03.</td><td>Type of Insurance Product/Policy</td><td>Both Indemnity and Benefit</td><td></td></tr>
<tr><td>04.</td><td>Sum Insured (Basis) (Along with amount)</td><td>Individual Sum insured – Each member has separate sum Insured under the policy
Floater Sum Insured-where all member under the policy have a single sum insured limit which may be utilized by any or all members

<table><tr><th>Insured Person</th><th>Individual Sum Insured</th></tr><tr><td>Nisha .</td><td>1500000</td></tr></table></td><td></td></tr>
</table>

05.	**Policy Coverage (What the policy covers?)**	**I. Basic covers**	
		1. Hospitalization Treatment	C.1
		2. Pre-Hospitalization Expenses	C.2
		3. Post-Hospitalization Expenses	C.3
		4. Claim Protect (Non-Medical Expense Waiver)	C.4
		5. Domiciliary Hospitalization	C.5
		6. Home Health Care	C.6
		7. AYUSH Treatment	C.7
		8. Organ Donor Expenses	C.8
		9. Annual Health Check-up	C.9
		10. Super Reload	C.10
		11. Super Credit	C.11
		12. Health Management Program	C. 12
		II. Optional Covers: (Available if opted by paying additional premium)	C.13
		13. Reduction in Specific Disease waiting period	C.13.1
		14. Reduction in Pre-Existing Disease waiting period	C.13.2
		15. Room Rent Type Options	C.13.3
		16. Per Claim Deductible	C.13.4
		17. Preferred Provider Network (PPN) Discount	C.13.5
		18. Critical Illness cover	C.13.6

		19. Personal Accident Cover (AD+PTD+PPD)	C.13.7
		20. Chronic Care (Day 1 In-patient Hospitalization)	C.13.8
		21. Chronic Management Program (OPD)	C.13.9
		22. Cancer Booster	C.13.10
		23. Durable Medical Equipment Cover	C.13.11
		24. Compassionate Visit	C.13.12
		25. Second Medical Opinion for listed Major Illness	C.13.13
		26. Annual Screening Package for Cancer Diagnosed Patients	C.13.14
		III. Optional Add-ons: (Available if opted by paying additional premium) – Please refer to Policy Schedule	
06.	**Exclusions (What the policy does not cover)**	**Standard Exclusion**: 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 heath 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 l imited 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) 13. Unproven Treatments:(Code- Excl16) 14. Sterility and Infertility: (Code- Excl17) 15. Maternity Expenses (Code - Excl18)	D.1.4 to D.1.18
		Specific Exclusions: 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	D.2.1 to D.2.8

07.	**Waiting period** • Time period during which specified disease / treatment is not covered • It is counted from the beginning of the policy coverage	• **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 • For Personal Accident Cover (AD,PTD), no initial waiting period applicable. • For Critical Illness Cover, We shall not be liable to make any payment in respect of any Critical Illness whose signs or symptoms first occur within 60 days from the Inception Date of cover. • **Specific Waiting periods** (Not applicable for claims arising due to an accident): 24 months for listed diseases/ procedures • **Pre-Existing Diseases**: Covered after 36 months Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected	D.1.3 C.13.6 D.1.2 D.1.1
08.	**Financial limits of coverage** i) **Sub-limit** (It is a pre-defined limit and We will not pay any amount in excess of this limit) ii) **Co-payment** (It is a specified amount / percentage of the admissible claim amount to be paid by 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) iv) **Any other limit**	Nil Nil Nil Nil	

<table>
<tr>
<td>09.</td>
<td>Claims / Claims Procedure</td>
<td>
a. For Cashless Service:
Kindly contact us 48 hrs prior for planned hospitalisation or within 24 hours of hospitalisation in case of emergency hospitalisation.

Link for Hospital Network details:
https://www.adityabirlacapital.com/healthinsurance/locate-care/hospital-listing

b. For Reimbursement of Claim:
<table>
<tr><th>Type of claim</th><th>Prescribed Time Limit</th></tr>
<tr><td>Reimbursement of Hospitalization, Day Care Treatment or Pre Hospitalization Expenses</td><td>Within 30 days of date of discharge from Hospital.</td></tr>
<tr><td>Reimbursement of Post Hospitalization Expenses</td><td>Within 15 days from completion of post Hospitalization treatment.</td></tr>
</table>
c. For Personal Accident and Critical Illnessbenefits
• We shall be given an intimation of the claim within 7 days from the date of Accident or diagnosis of the critical illness or admission in the Hospital.
• The claims documents must be provided to Us within 30 days of occurrence of the event.
</td>
<td>E.2.7

E.2.7

E.2.7.2</td>
</tr>
<tr>
<td>10.</td>
<td>Policy Servicing</td>
<td>
In case of any Policy Services the insured person may contact the
• 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
</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Grievances / Complaints</td>
<td>
In case of any grievance the insured person may contact the
• 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
</td>
<td>E.1.8</td>
</tr>
</table>

		• 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 Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. 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 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/	
12.	**Things to remember**	a. **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 shall not be 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. A request received by insurer for cancellation of the policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request.	E.1.1
		b. **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.	E.1.3
		c. **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 **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. **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	E.1.12 & 13

		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 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	
		d. **Changes to Sum Insured on Renewal:** You may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting. All Waiting Periods as defined in the Policy shall apply afresh for this enhanced limit from the effective date of such enhancement.	E.2.5.C
		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.	E.1.10
13.	**Insured's Obligations**	a. The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder. b. 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.	E.1.14

Please refer Policy Schedule for the applicable benefits

Declaration by the Policy Holder:

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

Nisha . authenticated via OTP for QE0828100462511

Place : Delhi

On null at 00:00:01

Date :04-NOV-25

(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)

ADITYA BIRLA CAPITAL
HEALTH INSURANCE



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
(My Policy > Raise a Claim > Cashless Anywhere)
Or Click Here

OR

Raise a Claim on
ABHI's website
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

Aditya Birla Health Insurance Co. Limited. IRDAI Reg.153. CIN No. U66000MH2015PLC263677. Advertisement UIN: ABHI/ONL/24-25/193 Registered Office Address: 9th Floor, Tower 1, One World Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013. Email: care.healthinsurance@adityabirlacapital.com, Website: adityabirlahealthinsurance.com, Telephone: 1800 270 7000. Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited and is being used by Aditya Birla Health Insurance Co. Limited under licensed user agreement(s). T&C apply.