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॥ नमोस्तु श्री वर्धमानाय ॥ ॥ श्री गौतम स्वामिने नमः ॥
॥ श्री दान-प्रेम-भुवन भानु-चन्द्रशेखर जयघोष गुरुवे नमः ॥
पू. आचार्यश्री चन्द्रजितसुस्जिी महाराज
पंन्यास श्री ईन्द्रजित विजय महाराज

Individual Ins.

Family Ins. W/O Parents Family Ins. With Parents

साधर्मिक स्वास्थ्य सुरक्षा

Date

Membersion No.

Till No. 2 to 5 lac & More SMP Members Including Man & Woman have took this oppartunity of Health Protection Scheme.

Name of Participant

Address

Village / Taluka

City/Dist.

Region

PinCode

Mobile No. +91

E-mail

Phone No. (R) +91

Contact Emergency No. +91

Participant	Male / Female	Child (1)	Child (2)	Father / Father in law	Mother/ Mother in law
Member / Participat Please afix the Photo of their or their family members on the sequence of below mantional colourm.					

No.	Holder Name	Relation	Gender	Age	Birth Date	Occupation	Past Diseases if any
1		Self					
2		Spouse					
3		Child (1)					
4		Child (2)					
5		Father/Fat. in law					
6		Mother/Mot.in law					

If any Infarmation mantioned in this form found froud, than we can have the right to cancel the same.

Note :- The Insurance cover under this Scheme will have upto 25 years of age for son and other dependent people will be upto 80 years.

6. Sum Insured: 2 lac & 5 lac @ premium with service tax 14,5% is available for all the 4 options as mentioned below :

age of dependent: 3 months to 80 years	2 lac				5 lac			
	Individual	Family of 2A	Family of 2A + 2C	Family of 2A+2C+2P	Individual	Family of 2A	Family of 2A + 2C	Family of 2A+2C+2P
21-25	2475	4300	4700	8000	4300	6950	7450	11000
26-35	2700	4900	5300	9500	5350	7750	8250	12000
36-45	3300	5350	5750	10000	6500	8775	9275	13000
46-55	4000	6375	6775	11000	8500	10300	10800	14500
56-60	6000	8450	8850	13000	10000	12500	13000	16500
61-70	8500	10600	11000	N.A.	12000	14500	15000	N.A.
71-80	10000	12600	13000	N.A.	15000	16000	16500	N.A.

Note: Document and admin Charge Rs.200 Per person for example (Age: 21-25 5 Lac Family of 2A+2C+2P= 11000+1200=12200 Cheque Amount)

Slip No.

Member No.

Date

Smt./Miss/Mrs. _____ have received from

₹

D.D. No.

through

Authorised Sign.

Cheque / D.D. Should be issued on the name of **Shree Mahavirpuram A/c Sadharmik Swasthya Suraksha**

Ch. No. _____ Dt. _____ Bank Name : _____

Branch _____ IFSC _____

* Family Insurance covers Premium according to member of family (Mini 2 /Max6)

Ins. Total AT. ₹ *Document Exp. ₹ Total Pay ₹
 DD/Cheque No. Dt. Bank Name..... Branch.....

Insurance Covered in 5 lac ₹	Signature
Name of Accident Holder	
Name of Nominee..... Relation Sex	

Office Use Only

SMP ID D.D. No./Nift No..... MICR No..... Slip No.....

DD Should be issued on the name of "Shree Mahavirpuram" A/c. Sadharmik Swasthya Suraksha.

सेवा प्रदाता Kinnar Gandhi- (M) 8866064459
Global
 96, City Centre, Swastik Cross Road,
 C.G. Road, Ahmedabad. (M) 7069044831/32/33/34/35

Sadharmik Swasthya Suraksha Policy Terms & Conditions

(1) Policy will indemnify members for hospitalization expenses of any illness which is not excluded hereby. It also covers expenses incurred for diagnostic tests, surgical operations, anaesthesia, medicines & other expenses pertaining to the same illness for which hospitalization expenses are claimed. (2) Hospitalization for minimum 24 hours is required. However, it is not applicable for listed Day care surgeries, procedures or treatments. (3) Type of Policy: Individual or family Floater (4) Definition of family: Self + Spouse+ dependent children + Parents or Parents-in-laws (5) Age Criteria:

Insured	Individual without parents	Family Floater	Family Floater with parents
Self or Main Proposer	21 to 80 years	21 to 80 years	21 to 60 years
Spouse	21 to 80 years	21 to 80 years	21 to 60 years
Son	Not Applicable	3 months to 25 years	Up to 25 years
Unmarried Daughter	Not Applicable	> 3 months	> 3 months
Parents or parents in laws (any 1 set)	Not Applicable	Not Applicable	Up to 80 years

6. Hospital Room Charges per day:

Room Category	Sum Insured 2 lac	Sum Insured 5 lac
Normal	3,000	5,000
ICU	6,000	10,000

7. Coverage:

(a) No Medical Check up is required for any age. (b) Any illness except accidental injury is covered after 30 days of commencement of policy. (c) Pre-existing diseases are covered after 30 days of commencement of policy. (d) Co-payment: Nil (e) Pre & Post hospitalization: 30 & 60 days respectively without any sub limits. (f) Terrorism is covered from first day. (g) Sub limits for Certain Diseases as mentioned below:

Disease	Sub Limit
Cataract per eye, hernia, Piles, Prostate, Stone, Hysterectomy	15% of Sum Insured
Cancer, Disorders of Brain & Spinal Chord & meninges, Neuromuscular disorders, Cerebrovascular disorders, All Heart disorders, Cardiovascular disorders, Renal diseases, Chronic diseases of kidney, chronic diseases of liver, chronic diseases of Lungs, chronic diseases of Pancreatitis, breakage of bones, Knee replacement	50% of sum insured

(h) Expenses for Organ Transplant: Hospitalization Expenses of donor & recipient incurred for organ transplant is covered but cost of organ is excluded. (i) Dental treatment if required due to accidental injury is covered subject to hospitalization of 24 hours.

Wellness Benefits as a value addition:

1	Discount in expenses for OPD Consultation & Treatment in Network Hospitals
2	Discount in expenses for Diagnostic Tests in Network labs
3	Discount in expenses for medicines in Network Pharmacies
4	Discount in membership fee of fitness centre, Gym etc.
5	Free medical check up camp

Claim Procedure :

(a) Claim Intimation must be received by TPA within 24 hours of admission in hospital & before admission in case of planned surgery.

In case of inconvenience, claim intimation must be received by TPA maximum before discharge from hospital.

(b) Claim file submission within 7 days of date of discharge from hospital.

Cashless facility:

Network of more than 8000 hospitals pan India for cashless facility

Exclusions:

- (1) Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials.
- (2) Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- (3) Surgery for correction of eye-sight, cost of spectacles, contact lenses, hearing aids etc.
- (4) Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc unless arising from disease or injury and which requires hospitalisation for treatment.
- (5) Convalescence, general debility, "run down" condition or rest cure, congenital external diseases or defects or anomalies, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury/suicide, all psychiatric and psychosomatic disorders and diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
- (6) Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
- (7) All expenses arising out of any condition directly or indirectly caused by, or associated with Human T-cell Lymphotropic Virus Type III (HTLD - III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases.
- (8) Expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes which is not followed by active treatment for the ailment during the hospitalised period.
- (9) Expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending physician and / or all non medical expenses including personal comfort and convenience items or services.
- (10) Any Treatment arising from or traceable to pregnancy, childbirth, miscarriage, caesarean section, abortion or complications of any of these including changes in chronic condition as a result of pregnancy.
- (11) Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.
- (12) Genetically disorders and stem cell implantation / surgery.
- (13) Cost of external and or durable Medical / Non-medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump etc., Ambulatory devices i.e. walker , Crutches, Belts ,Collars ,Caps , splints, slings, braces ,Stockings etc of any kind, Diabetic foot wear, Glucometer / Thermometer and similar related items etc and also any medical equipment which is subsequently used at home etc..
- (14) Treatment of obesity or condition arising there from (including morbid obesity) and any other weight control programme, services or supplies etc. .
- (15) Change of treatment from one pathy to other pathy unless being agreed / allowed and recommended by the consultant under whom the treatment is taken.
- (16) Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurance Company.
- (17) Out-patient, Diagnostic, Medical or Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- (18) Massages, Steam bathing, Shirodhara and alike treatment under Ayurvedic treatment.
- (19) Any kind of Service charges, Surcharges, Admission fees / Registration charges etc levied by the hospital.