RAHEJA QBE

Raheja QBE General Insurance Company Limited
5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai – 400059, India.
Tel: 022 69155050 I Email: customercare@rahejaqbe.com I Website: www.rahejaqbe.com
CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

Prospectus

Health Bharosa, Raheja QBE General Insurance Company Limited

The prospectus is intended to facilitate an easier understanding of the policy terms, conditions, and exclusions. It Only gives a summary of the significant benefits and exclusions associated with this product. When issued the Policy attached with this statement represents the legal contract between yourself and Raheja QBE and should be seen for complete details. If you need any clarification on coverage, please call your nearest Raheja QBE Office Or your insurance adviser.

SCOPE OF COVERS

Name	Health Bharosa, Raheja QBE General Insurance Company Limited
Coverage Basis	Individual basis only
Category of Cover	Indemnity
Sum insured	On Individual basis — SI shall apply to each individual member
Sum insured available (in INR)	4 lacs and 5 lacs
Policy Period	1 Year
Eligibility	Policy can be availed by availed on Individual basis. Age eligibility for adults: 18 years to 65 years Age eligibility for Children: New born to 17 years
Grace Period	For Yearly payment of mode, a fixed period of 30 days is to be allowed as Grace. Period and for all other modes of payment a fixed period of 15 days be allowed as grace period
Hospitalisation Expenses	Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible.
	Time limit of 24 hrs shall not apply in respect of Day Care Treatment.
Pre-Hospitalisation	For 30 days prior to the date of hospitalization
Post Hospitalisation	For 60 days from the date of discharge from the hospital
Sublimit for Room/ Medical Practitioner`s fee	1. Room Rent, Boarding, Nursing Expenses all-inclusive as provided by the Hospital/Nursing Home up to maximum of 1% of the sum per day.
	2. 1ntensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital / Nursing Home up to maximum of 2% of the sum insured per day.
Cataract Treatment	Up to Rs.40,000/-, per each eye in one policy year
Modern Treatment	Covered for listed procedures up to 50% of sum insured available for Inpatient Hospitalisation Care

Emergency Ground Ambulance	Expenses covered up to Rs. 2000 per hospitalisation
AYUSH	Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered up to sum insured, during each Policy year as specified in the policy schedule
Pre-Existing Disease	Only PEDs declared in the Proposal Form and accepted for coverage by the company shall be covered
Initial Waiting period	30 days for all claims except resulting from Accident and 90 days for lumpsum benefit under Section 7
PED waiting period	36 months (For pre-existing diseases other than the pre-existing Disability and HIV/AIDS covered)
Specific Disease/ illness waiting period	24 months
Waiting Period and specific Sublimit for HIV AIDS Cover	For HIV/AIDS cover: a. Initial waiting period of 30 days will be applicable b. Sum Insured would be available for Hospitalisation Expenses as per terms and conditions of the policy.
Waiting Period and specific Sublimit for Disability Cover	For Disability Cover: 24 months initial waiting period is applicable for the pre-existing Disability covered under the policy.
Co-pay	20% on all claims made under the policy unless waiver for Co-pay is opted and premium is paid for the same

WAITING PERIOD

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

PRE-EXISTING DISEASES (CODE-EXCL01)

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months for pre-existing disability/ 36 months for all pre-existing conditions other than HIV/AIDS and Disability (as mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with insurer.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If the Insured Person is continuously covered without any break as defined under

the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

d) Coverage under the policy after the expiry of number of months (as mentioned in Policy Schedule) for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

FIRST THIRTY WAITING PERIOD (CODE-EXCL03)

a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

SPECIFIC WAITING PERIOD (CODE-EXCL02)

a) Expenses related to the treatment of the listed Conditions; surgeries/treatments shall be excluded until the expiry of 24 months as (mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage

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I. 24 MONTHS WAITING PERIOD

1. Benign ENT disorders
2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps.
8. Benign prostate hypertrophy
9. Cataract and age-related eye ailments
10. Gastric/ Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non-Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident.
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
19. Varicose Veins and Varicose Ulcers

II. 36 MONTHS WAITING PERIOD.

For pre-existing diseases other than the pre-existing Disability and HIV/AIDS.

III. WAITING PERIOD FOR PERSON WITH DISABILITY.

Any treatment for the pre-existing disability covered, will have a waiting period of 24 months from the first policy inception date.

Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no 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 sum insured of the first policy. Wherever the Sum Insured is enhanced, the completion of sixty continuous months would be applicable from date of enhancement of sum insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract.

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LOADING & DISCOUNT

1. **Employee Discount**

5% discount on new and renewal premium if he/she is an employee of Raheja QBE General Insurance Company Limited.

2. **Policy period discounts and loadings**

Instalment premium loading:

Monthly: 9%.

Quarterly: 3.50%.

Half yearly: 2.70%

3. **MEDICAL UNDERWRITING LOADING**

Pre-acceptance Medical Test Requirement:

- All Individuals upto 18 years (age last birthday as at Policy inception date):
- The Company will rely on the declarations made on the Proposal Form. In case the declaration reveals any medical adversity, the Company may require the individual to undergo appropriate medical tests.
- For age above 18 years (age last birthday as at Policy inception date): The Individuals would be required to undergo pre-acceptance medical tests as follows- Medical Examination Report (Advanced), Complete Blood Count, HBA1c, ECG, Routine Urine Analysis (RUA), Serum Creatinine, Lipid profile, SGOT, SGPT, PT INR, CD3, and + CD4 count
- The Company reserves its right to require any individual to undergo such medical tests or where required any further additional tests, at the sole discretion of the Company to determine the acceptance of a Proposal.
- The Health check-up and subsequent Medical reports are valid upto 90 days from date of Health Check-up.

In case of accepted proposals, a 50% reimbursement of the medical test costs will be applicable for accepted proposals.

Medical Underwriting

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance).

The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis/medical condition. These loadings are applied from inception of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum insured.

We will inform You about the applicable risk loading through a counter offer letter/email/phone. You shall revert to Us with your acceptance and additional premium (if any), within 15 days of the issuance of such counter offer. In case, you

neither accept the counter offer nor revert to Us within 15 days, We shall refund the premium paid within the next 15 days as per policy terms and conditions. We would issue the Policy only, once we have your acceptance and additional premium (if any) for the loading proposed by us.

- Based upon consumption of Alcohol and Tobacco in any form: Max upto 50%
- Acceptable deviations from Medical reports: Max upto 50%
- Adverse Health declarations: Max upto 100%

Overall loading not to exceed 100% in any case

Endorsements:

Following type of endorsement are permissible under the Policy**.**

Premium Bearing

- Increase in Sum Insured: Subject to medical underwriting permissible at Renewal.
- Decrease in Sum Insured: Permissible at Renewal unless Policy wrongly issued by us
- Addition of member: Newly married spouse or Newborn baby permissible at Renewal
- Policy cancellation

Non Premium Bearing

- Address change
- Corrections: Names, address etc.
- Change of Occupation

Above list is indicative.

GRACE PERIOD

For Yearly payment of mode, a fixed period of 30 days is to be allowed as Grace Period and for all other modes of payment a fixed period of 15 days be allowed as grace period.

CLAIM PROCEDURE:

Procedure for cashless claims:

i. Treatment may be taken in a network provider and is subject to preauthorization by the Company or its authorized TPA,

ii. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.

iii. The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.

iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non- medical and inadmissible expenses.

v. The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details,
In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

REIMBURSEMENT

Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified hereunder.

S. No	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization, day care and prehospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

NOTIFICATION OF CLAIM

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

i. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

DOCUMENTS TO BE SUBMITTED

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

i. Duly Completed claim form.
ii. Photo Identity proof of the patient
iii. Medical practitioner's prescription advising admission.
iv. Original bills with itemized break-up
v. Payment receipts
vi. Discharge summary including complete medical history of the patient along with other details.
vii. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner

viii. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).

ix. Sticker/invoices of the Implants, wherever applicable.

x. MLR (Medico Legal Report copy if carried out and FIR (First information report) if registered, wherever applicable.

xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque.

xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines

xiii. Legal heir/succession certificate, wherever applicable

Any other relevant document required by Company/TPA for assessment of the claim.

NOTE:

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person
4. In case of lumpsum payment for HIV/AIDS, Insured will need to submit the below mentioned documents for the processing of Claim:

a. Identity proof of the claimant
b. Dully filled Claim form
c. Copy of Hospital summary/Discharge card/treatment advise / medical reference
d. Copy of Medical reports/records
e. Copy of Investigation reports
f. Medical Practitioner's certificate
g. Any other relevant document as requested by the Insurer.

On receipt of claim documents from Insured, Insurer shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Insurer will make the payment of benefit as per the contract. In case if the claim is repudiated Insurer will inform the Insured about the same in writing with reason for repudiation.

CO-PAYMENT:

Each and every claim under the Policy shall be subject to a Co-payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.
This co-payment can be waived off by paying an additional premium (optional).

Services offered by TPA

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of preauthorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include:

I. Claim settlement and claim rejection.
II. Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

List of TPA link - https://www.rahejaqbe.com/claims/health-claims
List of Blacklisted hospitals - https://www.rahejaqbe.com/hospital-locator

Payment of claim

All claims under the Policy shall be payable in Indian currency only.

GENERAL TERMS & CONDITIONS:

Disclosure of information

The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description, or non-disclosure of any Material.

Condition precedent to admission of liability

The Due observance and fulfilment of the terms and conditions of the Policy, by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the Policy.

Material Change

Insured Person shall disclose to Us in writing of any material change in the health condition at the time of seeking Renewal of this Policy, irrespective of any claim arising or made. The terms and conditions of the existing policy will not be altered.

Records to be maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

NOTICE AND COMMUNICATION

I. Any notice, direction, instruction, or any other communication related to the Policy should be made in writing.

II. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.

The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule/certificate of insurance

Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

Sanctions Limitation And Exclusion

We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provisions of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, or United States of America or any other applicable national economic or trade sanction law or regulations.

Complete Discharge

Any payment to the Insured Person or his/her nominees or his/her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

MULTIPLE POLICIES

i. In case of multiple policies taken by an Insured person during a period from the same or one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy
ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies/ even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this policy.
iii. If the amount to be claimed exceeds the Sum Insured under a single policy, the Insured Beneficiary shall have the right to choose Insurer from whom he/she

wants to claim the balance amount.

iv. Where an Insured person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

v. Under this product, no insured can take more than one policy from any or all insurers. In case of this product, the maximum liability of all policies put together from all insurers cannot exceed the maximum sum insured under this product.

FRAUD

If any claim made by the Insured Person, is any respect of fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s),who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the Insurer or to induce the Insurer to issue an insurance policy:

a) the suggestion, as a fact of that which is not true and which the Insured person does not believe to be true;

b) the active concealment of a fact by the Insured person having knowledge or belief of the fact;

c) any other act fitted to deceive; and

d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

CANCELLATION

a) The policyholder may cancel this policy by giving 7 days written notice.

b) In case the Policyholder requests cancellation of the Policy, where no claims are made under the Policy, the Company shall refund proportionate premium for the unexpired policy period on prorate basis.

c) In case the Policyholder requests for cancellation of the Policy, where there are claims made under the Policy, then there shall be no refund of premium for the unexpired policy period.

d) The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud or non-cooperation by the insured person by giving 15

days' written notice. There would be no refund of premium upon cancellation on the abovementioned grounds.

MIGRATION

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:

i. The waiting periods specified in a 5 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
ii. Migration benefit will be offered to the extent of sum of previous insured and accrued bonus (as part of the sum insured), migration benefit shall not apply to any other additional increased Sum Insured.

Migration under this product shall be allowed only due to withdrawal of the product subject to IRDAI Regulations.
For Detailed Guidelines on Migration, kindly refer the link –
https://www.rahejaqbe.com/uploads/images/health-basic-guideline/pdf/download/Portability%20and%20Migration%20Guidelines.pdf

PORTABILITY

The Insured Person will have the option to port the Policy to same product of other insurers as per extant Guidelines related to portability, If such person is presently covered and has been continuously covered without any lapses under this health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:

i. The waiting periods specified in Section 5 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Portability, kindly refer the link –
https://www.rahejaqbe.com/uploads/images/health-basic-guideline/pdf/download/Portability%20and%20Migration%20Guidelines.pdf

RENEWAL OF POLICY

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.

i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.
ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.

If not renewed within Grace Period after due renewal date, the Policy shall terminate.

PREMIUM PAYMENT IN INSTALMENTS

If the insured person has opted for Payment of Premium on an instalment's basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in Your Policy Schedule/Certificate of Insurance, the following

Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

i. Grace Period of 15 days would be given to pay the installment premium due for the Policy.
ii. The Benefits provided under — "Waiting Periods", "Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated grace Period.
iii. No interest will be charged If the installment premium is not paid on due date.

In case of installment premium due not received within the grace Period, the Policy will get cancelled.

POSSIBILITY OF REVISION OF TERMS OF THE POLICY INCLUDING THE PREMIUM RATES

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The Insured Person shall be notified before the changes are affected.

Revision of Product

In case of revision of this product we will communicate to you prior to the revision. Existing policy will continue to remain in force till its expiry, and for existing policyholders the revision will be applicable only from the date of renewal.

FREE LOOK PERIOD

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals of the Policy. The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk

premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

CHANGE OF SUM INSURED

Sum Insured can be changed (increase / decrease) only at the time of Renewal or at any time, subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhance portion of the Sum Insured.

TERMS AND CONDITIONS OF THE POLICY

The terms and conditions contained herein and in the Policy Schedule be deemed to form part of the Policy and shall be read together as one document.

NOMINATION

The policy holder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policy holder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the Insured Person, the Company will pay the nominee (as named in the Policy Schedule/endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the Policy.

DISCLAIMER

This is only a summary of the product features. The actual benefits shall be described on the policy, and will be subject to policy terms, conditions, and exclusions. For more details on risk factors, terms and conditions read the sales brochure carefully before concluding a sale.

IRDAI REGULATION

This policy is subject to Master Circular on Operations and Allied Matters of Insurers 2024 - Health Insurance & Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024 and any amendment thereof from time to time.

Prohibition of Rebates: Section 41 of the Insurance Act, 1938 (and amendments thereof)

No person shall allow or offer to allow either directly or indirectly as an inducement to any

1. person to take 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 the 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

published prospectus or tables of the Insurer.

2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten Lakh rupees.

In case of any grievance the Insured Person may contact the company through
Website: www.rahejaqbe.com
Toll free: 1800-102- 7723 (9 am to 8 pm, Monday to Saturday)
E-mail: customercare@rahejaqbe.com
Telephone: 022 – 69155050
For Senior Citizen: 1800-102- 7723 (9 am to 8 pm, Monday to Saturday)
E-mail: seniorcitizencare@rahejaqbe.com

Premium Charts

Cohort	**PWD - Minor disabilities**	**0**	**0**	**0**
Co-pay %	**0%**	**0%**	**20%**	**20%**
Age Group \ SI	**4,00,000**	**5,00,000**	**4,00,000**	**5,00,000**
Upto 5	44,838	48,676	38,962	42,323
6 - 10	45,435	49,325	39,478	42,888
11 - 15	44,652	48,474	38,799	42,148
16 - 20	44,069	47,842	38,291	41,598
21 - 25	44,842	48,682	38,963	42,329
26 - 30	48,123	52,243	41,814	45,424
31 - 35	55,783	60,560	48,468	52,655
36 - 40	62,281	67,615	54,111	58,786
41 - 45	80,930	87,866	70,314	76,389
46 - 50	1,08,006	1,17,262	93,834	1,01,945
51 - 55	1,38,255	1,50,106	1,20,109	1,30,494
56 - 60	1,71,148	1,85,819	1,48,682	1,61,539
61 - 65	1,91,135	2,07,520	1,66,044	1,80,403
More than 65	2,32,720	2,52,672	2,02,168	2,19,653

Cohort	**PWD - Major disabilities**	**0**	**0**	**0**

Co-pay %	**0%**	**0%**	**20%**	**20%**
Age Group \ SI	**4,00,000**	**5,00,000**	**4,00,000**	**5,00,000**
Upto 5	66,094	71,754	57,425	62,385
6 - 10	66,974	72,709	58,188	63,216
11 - 15	65,820	71,457	57,186	62,125
16 - 20	64,960	70,524	56,439	61,315
21 - 25	66,101	71,764	57,431	62,392
26 - 30	70,938	77,015	61,632	66,957
31 - 35	82,238	89,283	71,448	77,622
36 - 40	91,843	99,714	79,791	86,688
41 - 45	1,19,315	1,29,541	1,03,656	1,12,617
46 - 50	1,59,273	1,72,927	1,38,366	1,50,331
51 - 55	2,03,874	2,21,353	1,77,110	1,92,426
56 - 60	2,52,413	2,74,054	2,19,275	2,38,239
61 - 65	2,81,890	3,06,060	2,44,880	2,66,061
More than 65	3,43,157	3,72,582	2,98,102	3,23,886

Cohort	**HIV**	**0**	**0**	**0**
Co-pay %	**0%**	**0%**	**20%**	**20%**
Age Group \ SI	**4,00,000**	**5,00,000**	**4,00,000**	**5,00,000**
Upto 5	58,037	62,991	50,449	54,792
6 - 10	58,802	63,822	51,114	55,513
11 - 15	57,783	62,715	50,228	54,551
16 - 20	57,029	61,899	49,574	53,840
21 - 25	58,049	63,007	50,460	54,804
26 - 30	62,264	67,583	54,121	58,782
31 - 35	72,150	78,317	62,708	68,111
36 - 40	80,536	87,420	69,992	76,025
41 - 45	1,04,625	1,13,577	90,919	98,764
46 - 50	1,39,573	1,51,521	1,21,278	1,31,748
51 - 55	1,78,613	1,93,910	1,55,192	1,68,595
56 - 60	2,21,126	2,40,068	1,92,121	2,08,720
61 - 65	2,46,876	2,68,027	2,14,488	2,33,023
More than 65	3,00,541	3,26,294	2,61,105	2,83,673

Disability Category:

RAHEJA QBE
Raheja QBE General Insurance Company Limited
5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai – 400059, India.
Tel: 022 69155050 I Email: customercare@rahejaqbe.com I Website: www.rahejaqbe.com
CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

Category 1	Low vision, Specific learning abilities, Hearing impairment, Speech and language disability, Intellectual disability, Dwarfism, Blindness, Locomotor disability, Thalassemia, Acid attack victim, Autism spectrum disorder, Leprosy cured persons, Chronic neurological conditions, Mental illness, Parkinson's disease
Category 2	Sickle cell disease, Muscular dystrophy, Haemophilia, Multiple sclerosis, Multiple disabilities including deaf / blindness and Cerebral palsy