

Group Health Insurance Offer

Offer stands valid for 15 Days from the date of its issuance

Date :14/09/2016

Corporate Details

Name of The Group	INDIAN INSTITUTE OF TECHNOLOGY-EMPLOYEES
Address of the Group	
RFQ Number	1609050978
Plan #	3
Plan Description	IND_1+0_2L_SW_CF
Apollo Munich Regional Office	KANPUR
Territory of Cover	INDIA
Duration of Cover	12 MONTHS

Coverage (Details in subsequent sheets per sub plan):

	Sub Plan 1
Type of Cover	Individual
Sum Insured	Rs. 200000
Family Size	1

Students below 18 yrs will not be covered.
Max age for insured member is 35 yrs.

Corporate Floater

Corporate Floater of Rs. 3000000 for the entire policy period with a sublimit of Rs. 300000 per family with no capping on the no. of incidence in the policy period.

Corporate Floater shall apply to all

Day Care Procedure

upto 140 procedures covered. List enclosed.

Local Ambulance

Local Emergency Ambulance = upto 1% of SI subject to a max. of Rs. 2000 per person per policy

Membership Details

	Sub Plan 1	Total
Self	6000	6000
Spouse	0	0
Child	0	0
Parents	0	0
Others	0	0

Premium Details:

Gross Premium (without tax) : Rs. 9545517.31
Gross Premium (Including tax) : Rs. 10977344.91

Disclaimer

"At policy inception, each and every eligible dependant(s) of the primary insured (employee) should be declared for cover along with employee as per the plan mentioned above. After inception of the policy, No mid term inclusion of any dependants of the primary insured other than newly married Spouse and new born child shall be allowed. Any time during the policy, if it is observed that any kind of selection has been exercised by the group in regards to dependents for cover, policy shall be cancelled ab-initio. This quote is based on the provided claims details and info provided, any change in the information provided shall warrant a fresh underwriting approval and earlier quote shall stand null and void".

This is a preliminary quote based on the data made available. Any change in the data provided/assumed in excess of 5%, shall warrant a fresh underwriting approval and change in premium.

Sub Plan 1

Cover Type	Individual
Sum Insured	Rs. 200000
Family Size	1
Relationship Cover	900000

Benefits Details

Standard Benefits

Waiver of Exclusions	PE,1st Year,30 Days stands waived for All Members
Pre-Post Hospitalization	30/60 Days covered for all members.

Declaration:-

We do hereby declare that all information provided by us under the present Offer, are true and correct and also complete in all respects and there is nothing material, which is concealed by us in any manner whatsoever. We have also carefully read and understood the entire terms, coverage and exclusions agreed in the Offer, and further accept the same, which shall be binding on both of us as a contract between us and Apollo Munich Health Insurance Company Limited.

INDIAN INSTITUTE OF TECHNOLOGY-EMPLOYEES

(Authorized Signatory)