



**Ashutosh & Vrushali Vaidya / Entrepreneur**

**PROTECTING your health is our priority,  
while we also protect your finances.**

**Activ Assure – Diamond Plan**

- Comprehensive range of sum insured from ₹2 lakhs to ₹2 crores
- Reload - 150% of sum insured
- 586 day care procedures covered
- 'No claim bonus' of 10% for every claim-free year
- Earn up to 30% of your premium as HealthReturns™

**Health Insurance**

Aditya Birla Health Insurance Co. Limited



**ADITYA BIRLA  
CAPITAL**

PROTECTING INVESTING FINANCING ADVISING

## Product Features

	Policy Term	1, 2 or 3 years
	Sum Insured (SI)	₹ 2 lakhs, ₹ 3 lakhs, ₹ 4 lakhs, ₹ 5 lakhs, ₹ 7 lakhs, ₹ 10 lakhs, ₹ 15 lakhs, ₹ 20 lakhs, ₹ 25 lakhs, ₹ 30 lakhs, ₹ 40 lakhs, ₹ 50 lakhs, ₹ 75 lakhs, ₹ 100 lakhs, ₹ 150 lakhs, ₹ 200 lakhs
<b>Basic Covers</b>	In-patient Hospitalization	Covered
	Room Type	<ul style="list-style-type: none"> <li>• <b>1% of SI per day<sup>#</sup></b> - for SI ₹ 2 lakhs, ₹ 3 lakhs and ₹ 4 lakhs</li> <li>• <b>Single Private A/C Room</b> - for SI ₹ 5 lakhs, ₹ 7 lakhs, ₹ 10 lakhs</li> <li>• <b>Single Private A/C Room</b> - for SI ₹ 15 lakhs and above (Upgradable to next level, only if Single Private A/C Room is not available)</li> </ul>
	Daily allowance	₹500/day (Max 5 day per hospitalization)
	Pre-hospitalization Medical Expenses	30 days
	Post-hospitalization Medical Expenses	60 days
	Day Care Treatment	586 listed procedures covered up to SI
	Domiciliary Hospitalization (Home Care)	Up to 10% of SI
	Road Ambulance Cover per event	<ul style="list-style-type: none"> <li>• ₹ <b>1,500</b> - for SI ₹ 2 lakhs, ₹ 3 lakhs, ₹ 4 lakhs</li> <li>• ₹ <b>2,000</b> - for SI ₹ 5 lakhs - ₹ 10 lakhs</li> <li>• ₹ <b>2,500</b> - for SI ₹ 15 lakhs - ₹ 40 lakhs</li> <li>• ₹ <b>3,000</b> - for SI ₹ 50 lakhs - ₹ 75 lakhs</li> <li>• ₹ <b>5,000</b> - for SI ₹ 1 Crore - ₹ 2 Crores</li> </ul>
	Organ Donor Expenses	Covered up to SI
	Reload of Sum Insured	Upto 150% of SI, Max up to ₹ 50 Lacs
	Ayush (In-patient hospitalization)	<ul style="list-style-type: none"> <li>• ₹ <b>15,000</b> - for SI ₹ 2 lakhs, ₹ 3 lakhs, ₹ 4 lakhs</li> <li>• ₹ <b>20,000</b> - for SI ₹ 5 lakhs - ₹ 10 lakhs</li> <li>• ₹ <b>30,000</b> - for SI ₹ 15 lakhs - ₹ 40 lakhs</li> <li>• ₹ <b>40,000</b> - for SI ₹ 50 lakhs - ₹ 75 lakhs</li> <li>• ₹ <b>50,000</b> - for SI ₹ 1 Crore - ₹ 2 Crores</li> </ul>
Vaccination Cover	Up to ₹ 10,000 (Applicable for SI of ₹ 1 crore and above)	
<b>Additional Benefits</b>	No Claim Bonus	10% of SI per annum, max up to 50% of SI
	Health Check-up Program	Annual
	Second E-Opinion on Critical Illnesses	Available for 15 listed Critical Illnesses
	Domestic & International Emergency Assistance Services (including Air Ambulance)	Available

### Free look cancellation:

- Customers will have a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.
- Health insurance policy contracts with a term of 3 years offered over distance marketing mode shall have a period of 30 days from the date of receipt of the Policy.

## Product Features

Value Added Services	HealthReturns™	<ul style="list-style-type: none"> <li>• Earn up to 30% of your premium as HealthReturns™.</li> <li>• This is earned through a combination of Healthy Heart Score™ and Active Dayz™</li> </ul>
	Health Coach	<ul style="list-style-type: none"> <li>• Two coaching sessions available every policy year for customers above 18 yrs with Asthma, Hypertension, Hyperlipidemia or Diabetes</li> <li>• Our Health coach shall be coaching the insured person on better lifestyle management to take care of such chronic conditions.</li> </ul>
Optional Covers^	Unlimited Reload of Sum Insured	100% of SI (Unlimited times)
	Super NCB	Additional 50% of SI per annum, max upto 100% of SI
	Any Room Upgrade	Available with SI ₹ 5 lakhs and above
	Reduction in PED Waiting Period	Option to reduce to 24 Months
	Accidental Hospitalization Booster (not available above 1Cr S.I)	100% of S.I.
	Cancer Hospitalization Booster (not available above 1Cr S.I)	100% of S.I.

^Please contact your advisor for additional optional covers.

## Eligibility and Coverage:

- **Individual policy:** Minimum entry age 5 yrs and there is no maximum age of entry
- **Family floater policy:**
  - We cover up to 6 members (2 Adults + 4 Children) comprising of Self, Spouse and Dependent children (up to 25 yrs) in a single policy
  - Dependent children from 91 days to 5 yrs will be covered only if one adult is covered in the floater policy
  - There is no maximum age of entry

## Key Benefits of the Plan

### Sum Insured Options

Wide range of Sum Insured from ₹ 2 lakhs - ₹ 2 crores



### Cashless Treatment

Get admitted to one of the hospitals in our network and avail cashless treatment facility.



### 150% Reload of Sum Insured\*

Even if your Sum Insured gets exhausted, we will reload your Sum Insured amount by another 150%.



### 586 Day Care Procedures

We cover you for 586 listed day care procedures even if hospitalization is less than 24 hours.

586

### Pre & Post-Hospitalization Cover<sup>^</sup>

We will cover your medical expenses not only during your hospitalization, but also from 30 days before hospitalization and 60 days after hospitalization.



### Ayush Medical Treatments

Covers treatments given under Ayurveda, Unani, Siddha, Yoga & Naturopathy and Homeopathy systems.



### HealthReturns™

Earn up to 30% of your premium as HealthReturns™



### Discounts on Premiums

- 7.5% - For 2 year policy
- 10% - For 3 year policy
- 5% - 2-3 member Multi Individual Policy
- 10% - 4 or more members Multi Individual Policy



### Emergency Assistance Services

Domestic & International emergency assistance including Air Ambulance.



\*Applicable in case of subsequent claims due to unrelated illnesses  
<sup>^</sup>Where claim is accepted by the Company under In-patient hospitalisation/  
Domiciliary hospitalisation/Day care treatment

# How to earn HealthReturns™

## Get Started

Download the  
Activ Health App



## Know Your Health

**2**

Find out your Healthy Heart Score™

Take the Health Assessment by calling our call centre and get the score. It indicates how healthy you are.



## Get Active

**3**

Improve Your Health by Getting Active

**1**

Active =  
Day

or do a fitness assessment test every six months.

## Get Rewarded

- Earn up to 30% of your premium as HealthReturns™ by just completing 13 Active Dayz™ every month
- Earn up to 6% of your premium as HealthReturns™ by just completing 4 Active Dayz™ every month

## Earn HealthReturns™ as a % of your premium

Active Dayz™	Healthy Heart Score™		
	Green	Amber	Red
13+	30%	12%	6%
10-12	18%	7%	4%
7 - 9	12%	5%	2%
4 - 6	6%	2%	1%
0 - 3	0%	0%	0%

HealthReturns™ is an offering under Aditya Birla Health Insurance plan and will be managed end to end by Aditya Birla Health Insurance Co. Limited.

## How to use HealthReturns™\*



Use it to  
buy medicines



Use it to pay for  
diagnostic tests.



Use it to pay your  
next policy premium.



Keep it like a fund for  
any health contingency.

\*Conditions apply

### Long Term Discount

7.5% : For 2 year policy  
10% : For 3 year policy

### Family Discount

5% : 2-3 member Multi Individual Policy  
10% : 4+ members Multi Individual Policy

## Key Renewal Terms – Activ Assure

The Policy will automatically terminate at the end of the Policy Period. The Policy is ordinarily renewable on mutual consent for life, subject to realization of Renewal premium.

The premium payable on Renewal shall be paid to Us on or before the Policy Period end date and in any event before the expiry of the Grace Period. Policy would be considered as a fresh policy if there would be break of more than 30 days between the previous Policy expiry date and current Policy Start date.

We however shall not be liable for any claim arising out of an ailment suffered or Hospitalization commencing or disease/Illness/condition contracted during the period between the expiry of previous policy and date of inception of subsequent policy and such disease/Illness/condition shall be treated as a Pre-Existing Disease.

Any unutilised funds under HealthReturns™ (from the previous Policy year/ month) will be available for claims during the Grace Period. You shall not be able to earn HealthReturns™ during the Grace Period.

In case the Policy is not renewed before the end of the Grace Period, any unutilized funds under HealthReturns™ shall be available for a claim as up to a period of 12 months from the date of expiry of the Policy.

Renewals will not be denied except on grounds of misrepresentation, fraud, non-disclosure of material facts or non-co-operation by You.

Where We have discontinued or withdrawn this product/plan You will have the option to renew under the nearest substitute Policy being issued by Us, however benefits payable shall be subject to the terms contained in such other Policy which has been approved by IRDAI. We shall intimate You/ the Insured Person regarding the withdrawal of the Policy at least 3 months in advance.

We may revise the Renewal premium payable under the Policy or the terms of cover, provided that the Renewal premiums are approved by IRDAI and in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.

Alterations like increase/ decrease in Sum Insured or Change in Plan/Product, addition/deletion of Insured Persons (except due to child Birth/Marriage or Death) will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the Proposal Form before the expiry of the Policy. We reserve Our right to carry out underwriting in relation to acceptance of request for changes on Renewal. The terms and conditions of the existing Policy will not be altered.

Any enhanced Sum Insured during any Policy Renewals will not be available for an Illness, disease, Injury already contracted under the preceding Policy Periods. All waiting periods as mentioned below shall apply afresh for this enhanced limit from the effective date of such enhancement.

Where an Insured Person is added to this Policy, either by way of endorsement, all waiting periods under relevant section will be applicable considering such Policy Year as the first year of Policy with Us with respect to the Insured Person.

In case of Family Floater Policies, children attaining 25 years at the time of Renewal will be moved out of the floater into an individual cover. However, all continuity benefits for such Insured Person on the Policy will remain intact. No Claim Bonus earned on the Policy will stay with the Insured Persons(s) covered under the original Policy.

## Premium Details

The Premium charged on the Policy shall depend on the Sum Insured, Plan, Policy Tenure, Age, Policy Type and Optional Covers opted.

Additionally the health status of the individual will also be considered and premium might be loaded depending on the health condition.

## Permanent Exclusion\*

Preventive care	Psychiatric or psychological disorders
Convalescence and Rehabilitation	Congenital external diseases
Experimental, investigational or Unproven Treatment	Sexually transmitted disease
Self-inflicted injuries	HIV and AIDS
Weight management programs	Treatment taken outside India
Treatment of obesity (including morbid obesity)	Stem cell therapy or Surgery
All routine examinations and preventive health check-ups	Non allopathic treatment
Circumcisions	Cosmetic, aesthetic and re-shaping treatments and Surgeries
Treatment for alopecia	
Artificial life maintenance	Treatment for correction of eyesight due to refractive error including routine examination
Treatment for developmental problems	
Items of personal comfort and convenience	Hearing aids, spectacles or contact lenses including optometric therapy, multifocal lens

## Waiting Periods\*

- **30 days waiting period:** In the 1st year of the policy cover there is a 30 days waiting period for any treatment, except an accidental injury.
- **2 year waiting period:** For specific illnesses/treatment like ataract, Hernia, Sinusitis, Joint replacement surgery, Varicose veins etc.
- **Pre-existing disease waiting period:** 48 months
- **Mandatory 20% Co-Payment:** For age of entry at 61 yrs and above

\*This is an indicative list. Please refer to policy wordings for detailed list of exclusions and waiting periods.

## Health Insurance

Aditya Birla Health Insurance Co. Limited



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CAPITAL**

PROTECTING INVESTING FINANCING ADVISING

Aditya Birla Health Insurance Co. Limited. IRDAI Reg.153. CIN No. U66000MH2015PLC263677.

Product Name: Activ Assure, Product UIN: ADIHLIP18077V011718, Advertisement UIN: ABHI/LF/18-19/1204.

Address:- 9th Floor, Tower 1, One Indiabulls Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013. Email: care.healthinsurance@adityabirlacapital.com, Website: adityabirlahealthinsurance.com, Telephone: 1800 270 7000, Fax: +91 22 6225 7700. For more details on risk factors, terms and conditions please read terms and conditions carefully before concluding a sale. Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited and Trademark/logo HealthReturns, Healthy Heart Score and Active Dayz are owned by MMI Group Limited. These trademark/Logos are being used by Aditya Birla Health Insurance Co. Limited under licensed user agreement(s). HealthReturns™ is an offering under Aditya Birla Health Insurance plan and will be managed end to end by Aditya Birla Health Insurance Co. Limited.



## V. Insured Details\*:

	Insured					
	1	2	3	4	5	6
<b>Name*</b>						
<b>Relationship with Proposer*</b>						
<b>Date of Birth*</b> (DD/MM/YYYY) (Co-payment applicable for Age at entry 61 yrs & above)						
<b>Nationality*</b>						
<b>City of Residence*</b>						
<b>Height*</b> (cms)						
<b>Weight*</b> (kgs)						
<b>Sum Insured*</b> (to be filled separately in case of multi Individual policy)						
<b>Optional Benefits (Please Tick)</b>	Optional cover under family floater policy if chosen will be applicable to all members in the policy except Cancer hospitalization booster which is available for self + spouse relation only. <b>Please tick insured 1 for family floater.</b>					
Reduction in Pre Existing Disease waiting period to 24 months						
Unlimited Reload of Sum Insured						
Super No Claim Bonus						
Accidental Hospitalization Booster (Not available above Rs.1 Cr Sum Insured)						
Cancer Hospitalization Booster - Not available above Rs.1 Cr Sum Insured. - Available above age of 18 yrs for Individual policy - Available for self + spouse for Family Floater						
Any Room Upgrade (Available with Sum Insured Rs.5 Lac and above)						

(\* Mandatory.

Discount applicable for Multi individual policy covering 2 or more persons under same Policy.

## VI. Premium Payment Details

### Mode of Premium Payment

Cash   
  Cheque   
  Demand Draft   
  Pay Order   
  Credit Card   
  Debit Card  
 Online   
 IMPS/ NEFT/ RTGS

Instrument Number	Instrument Date	Instrument Amount (₹)	Name of Premium Payer	Relationship of Payer with Proposer	Bank Details

## VII. Bank Account Details

Mandatory details required to process all payment due in relation to your policy including refunds (if any) and / or claims directly to your bank account.

Name as in Bank Account: _____	
Bank Name: _____	Account Number: _____
Bank Branch: _____ IFSC Code: _____	Bank City: _____
Account Type (Current/Saving): _____	

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

### VIII. Information On Health And Lifestyle\*:

Please answer the following questions in "Yes" OR "No" with respect to all persons proposed to be insured. Note - Please answer all below mentioned questions for each Insured. **Please attach discharge card / summary, all consultation papers, investigation reports, histopathology reports, disability certificate from civil surgeon if any.**

	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Have you ever been diagnosed with /advised / taken treatment or observation is suggested or undergone any investigation or consulted a doctor or undergone or advised surgery for any one or more from the following? <b>If YES then please mention Details in the additional information section below.</b>						
*Any form of Heart Disease, Peripheral Vascular Disease, procedures like Angioplasty/PTCA/By Pass Surgery, valve replacement etc						
*Diabetes, High blood pressure, High Cholesterol, Anaemia / Blood disorder (whether treated or not).						
*Tuberculosis (TB), any Respiratory / Lung disease						
*Disease of Eye, Ear, Nose, Throat, Thyroid						
*Cancer, Tumour, lump, cyst, ulcer						
*Disease of Kidney, Digestive tract, Liver/Gall Bladder, Pancreas, Breast, Reproductive /Urinary system, or any past complications of pregnancy/ child birth including high blood pressure or diabetes etc						
*Disease of the Brain/Spine/Nervous System, Epilepsy, Paralysis, Polio, Joints/Arthritis, Congenital/ Birth defect, Genetic Disease/Physical deformity/disability, HIV/AIDS, other Sexually Transmitted Disease or Accidental injury or any other medical (other than common cold & viral fever) or surgical condition or Investigation parameter has been detected to be out of range/ not normal?						
Was any proposal for life, health, hospital daily cash or critical illness insurance declined, deferred, withdrawn or accepted with modified terms, if yes please provide details in additional information						

Do you consume any of the following substances?(if yes, please mention the quantity)

Alcohol [30ml ( number of pegs) of hard liquor/ pints of beer/ glass of wines]/ <b>Week.</b>						
Smoking (Number of Cigarette/bidi sticks)/ <b>Week</b>						
Pan Masala/Gutkha (Number of small Pouches)/ <b>Week</b>						
Any Other substance (Name & Quantity)/ <b>Week</b>						

**Additional Information:** Please attach extra sheets if required

Member Name	Details (Disease name, disability %, Date of Diagnosis, Last Consultation Date, Name of Surgery (if any), Details of Treatment given(hospitalization/OPD)

### IX. Declaration & Authorization\*:

I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/ or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.

I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company

I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I authorize the company to share information pertaining to my proposal including the medical records of the insured/ proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

## X. Vernacular Declaration

I have explained the contents of this proposal form and all other documents incidental to health insurance from Insurer to the Proposer and understood by him/her. The replies have been recorded as per the information provided by and confirmed by the Proposer

Declarant Name: \_\_\_\_\_ Declarant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Proposer Name: \_\_\_\_\_ Proposer Signature: \_\_\_\_\_

Proposer Sign date: \_\_\_\_\_ Place: \_\_\_\_\_

## XI. Insurance Advisor Report

**Business Source Channel (Please tick the channel applicable and fill details in BLOCK letters)**

Agency  Corporate Agency  Direct Sales  Broker  Other Channels

Intermediary Details	
Intermediary Name	
Intermediary Code	
Ref Code 1	
Ref Code 2	
SP Code (For Corporate Agency channel only)	
RM/LG/Ref Code (For Corporate Agency channel only)	
Sales Manager Name (for All Channels)	
Sales Manager Code (For All Channels)	
ABHI Branch Details (to be filled for all channels)	
Intermediary Branch Name	
Intermediary Branch Code	

I, \_\_\_\_\_ in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer and that any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, or if there has been a non-disclosure of any material fact, the policy issued in his/her favor pursuant to this Proposal may be treated as null and void by the Company and all premiums paid under the Policy may be forfeited to the company. I confirm that the proposal form is filled accurately by the customer to the best of my knowledge.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Agent

(Insurance Advisor Signed date cannot be prior to Customer's Signed date)

## XII. ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER (E-mail id is mandatory):

Do you have an EIA Account:  Yes  No

If Yes, please quote EIA Account Number: \_\_\_\_\_

Please mention name of Insurance Repository: \_\_\_\_\_

If No, do you want Us to create an EIA account for you:  Yes  No (if Yes, please fill up Insurance Repository Application Form)

Email id (Registered with Insurance Repository) : \_\_\_\_\_

Your address details as mentioned in the EIA account shall override the address provided in this application for Insurance.

### Section 41 of Insurance Act 1938 (Prohibition of rebates):

- 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 insurers.
- 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.

Aditya Birla Health Insurance Co. Limited. IRDAI Reg.153. CIN No. U66000MH2015PLC263677.  
Product Name: Activ Assure, Product UIN: ADIHLIP18077V011718. Address:- 9th Floor, Tower 1, One Indiabulls Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013.  
Email: care.healthinsurance@adityabirlacapital.com, Fax: +91 22 6225 7700, Website: adityabirlahealthinsurance.com.  
For more details on risk factors, terms and conditions please read terms and conditions carefully before concluding a sale.  
Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited and Trademark/logo HealthReturns, Healthy Heart Score and Active Dayz are owned by MMI Group Limited. These trademark/Logos are being used by Aditya Birla Health Insurance Co. Limited under licensed user agreement(s).

Contact us:  
1800 270 7000



## XIII. Acknowledgement

Application Number : \_\_\_\_\_

We acknowledge with thanks the receipt of your application and amount by Cash/Cheque/Demand Draft/ Others \_\_\_\_\_ of amount of

Rs. \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_. Neither the submission to Us of a completed proposal for insurance nor any payment for any policy sought obliges Us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If We accept a proposal for insurance, it shall be subject to the policy terms and conditions and We shall have no liability whatsoever if premium is not received by Us in full and in time or is not realized. If We do not accept the proposal, We will inform you and refund the payment, post deduction of applicable pre-policy check up charges if any, received from you without interest. We do not have any liability of claim until the proposal is accepted by us, counter offer if any accepted by you & policy is issued'.

Name of the Branch Official : \_\_\_\_\_

\_\_\_\_\_  
Signature of Branch Official :

Date : \_\_\_\_\_