

MediBuddy vHealth Gold Plus

Application Form

PROGRAM DETAILS			
Package name	IHO Gold Plus		
Annual benefits <i>Valid for 4 family members</i>	<ul style="list-style-type: none"> • Unlimited online tele/video consultations with MediBuddy vHealth doctors for three years. • 12 free complete body check-up vouchers, each including 61 vital tests*. • 15 free OPD vouchers for network partner hospitals. • Pharmacy benefits worth Rs. 15,000, provided as 30 vouchers of Rs. 500 each. • 6 free diet fit vouchers for personalized dietary consultations. • 6 free dental vouchers for essential dental care. • Access to the MediBuddy vHealth ecosystem and exclusive discount benefits. 		
Procedure to avail the services	To speak to a MediBuddy vHealth doctor, call our 24/7 number at 9513881515. To book your free health checkup, visit your nearest SMHFC branch.		
Membership fee	INR 29,000 for 3 years		
*Tests Includes: Thyroid Function, Iron Deficiency, Liver Profile, Lipid Profile, Renal Profile, Diabetic Screening, Complete Hemogram.			
List of family members to be covered under this card are as follows:			
Sr. No.	Name	DOB	Relationship
1	PRIMARY MEMBER	DD-MM-YYYY	
2			
3			
4			

Customer declaration for MediBuddy vHealth Gold Plus

I have applied for and given my consent to avail the benefits of the Health card ("Wellness Card") issued by Indian Health Organisation Private Limited ("IHO"). I am aware that availing of this facility is optional for the purpose of the loan application submitted by me to SMFG India Home Finance Co. Ltd. ("SMHFC") and that signing up for the Wellness Card shall in no manner affect the sanctioning of the loan.

I hereby declare that I wish to accept the Health Package Membership offered under the Wellness Card program by IHO. I am fully aware that the Health Package Membership under the Wellness Card Program of IHO is being offered to me at a discounted rate with regards to the initial Health Package Membership fee for a period of 3 (Three) Years only, and any applicable renewal or other fees shall be required to be paid by me as specified in the terms and conditions then prevailing and associated with the Wellness Card.

I understand that IHO is not an insurance company and is not involved in the sale or otherwise of insurance products. Further, I hereby declare that I have understood the benefits which shall be available to me as a holder of the Wellness Card and agree that the use of such Wellness Card by me shall be subject to the terms and conditions to be provided to me along with the Wellness Card as well as the terms and conditions stated on the website of IHO (www.vhealth.io). I further understand

that the Wellness Card and the services thereunder are being offered to me by IHO, and SMHFC shall not be responsible in any way and no claim shall lie against SMHFC with regards to the services provided by IHO or the Healthcare Providers under IHO's network or any other terms & conditions of the Wellness Cards program and any issues or claims which I may have with regards to the services or the Wellness Cards or otherwise shall not affect the Loan or my repayment obligations thereunder.

I hereby authorize SMHFC to deduct appropriate Health Package Membership charges from the loan amount sanctioned to me and pay the amount to IHO. I also authorize SMHFC to disclose, from time to time, any information relating to my Loan account to IHO as SMHFC may deem fit.

I hereby agree that if for any reason whatsoever SMHFC is unable to recover and pay to IHO the required charges required to be paid to IHO under the Wellness Card program, no liability will be attached to SMHFC, and the Wellness Card shall not be provided to me till such payment is made to IHO. In the event of cancellation of the Wellness Card within the trial period allowed by IHO, the membership fee amount deducted from the Loan amount sanctioned to me/us shall, on my/our request, be refunded to me/us and/or adjusted towards outstanding Loan amounts, after adjusting all amounts and charges due under the Loan agreement signed between me/us and SMHFC.

DECLARATION: *I hereby state that the below mentioned number is owned/used by me and in conjunction with my Access Health Program by IHO, IHO or the healthcare providers under the IHO's network shall be authorized to contact me with whatsoever means through SMS/email/telephone, including via WhatsApp, etc. for any purpose inclusive of sending Health Package membership digital kit or any other document from time to time, irrespective of the fact that below provided contact number may be registered with DND/DNC registry. I ensure that the number provided below is correct and shall be the default mobile number for receiving Health Package membership digital kit whether through SMS/WhatsApp, etc.*

☐ I declare that all the information I have given in this application is true, correct and complete, and is not false or misleading. I understand and accept the terms and conditions mentioned above.

Signature: _____

Name of Applicant: _____

Place: _____

Mobile: _____

Date: _____