

MediBuddy vHealth Gold

Application Form

PROGRAM DETAILS			
Package name	Access Health Program		
Benefits <i>Valid for 4 family members</i>	<ul style="list-style-type: none"> • Unlimited online tele/video consultations with MediBuddy vHealth doctors for one year. • 4 free health check-up vouchers, each including 61 vital tests*. • Pharmacy benefits worth Rs. 2000, provided as 4 vouchers of Rs. 500 each. • Access to the MediBuddy vHealth ecosystem. 		
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.		
Add on benefits	Group Safeguard Insurance - Features / Benefits / Exclusions		
Benefits per member <i>Valid for 2 family members</i>	Section	Benefits	Sum insured (INR)
	Section - A (Accidental injury benefits)		
	A1: Death and disability related benefits		
	1.1	Death benefit	1,000,000
	1.2	Permanent total disablement (PTD) benefit	1,000,000
	A2: Hospitalisation expenses related benefits		
	2.6	Broken bones benefit (up to)	120,000
	2.8	Burns benefit (up to)	300,000
	Section - E (Hospital daily cash - Illness)		
	1	Hospital daily cash benefit (for up to 10 days)	10,000 per day
Age	18 years to 65 years only	Policy tenure	1 year
Waiting period	For hospital daily cash benefit: <ul style="list-style-type: none"> • A minimum of 24 hours of hospitalisation is necessary for the benefit to be triggered • No initial waiting period is applicable (Coverage applicable from day 1) 	Pre-existing disease	Covered from day 1
Membership fee	INR 10,900 per year		
All pre-existing and special diseases are covered. All other benefits are as per standard policy terms & conditions.			
*Tests includes: Thyroid function, iron deficiency, liver profile, lipid profile, renal profile, diabetic screening, and complete hemogram.			

Customer declaration for MB vHealth Gold

Access Health Program

I am fully aware that the Access Health Program is being arranged to me by SMFG India Home Finance Co. Ltd. ("SMHFC") at a discounted rate regarding the initial Access Health Program Product Charges and any applicable renewal or other fees shall be required to be paid by me as specified in the terms and conditions to be provided to me by IHO along with the Access Health Program. 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 Access Health Program and agree that the use of such Access benefits of the Health Program by me shall be subject to the terms and conditions to be provided to me along with the Access Health Program as well as the terms and conditions stated on the website of IHO (vhealth.io). I further understand that the Access Health Program is being offered to me by IHO, and SMHFC shall not be responsible in any way regarding the services provided or any other terms & conditions of the Access Health Program. I hereby authorize SMHFC to deduct appropriate Access Health Program charges from the loan amount 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 if the required charges are not deducted /recovered and paid by SMHFC to IHO, no liability will be attached to SMHFC, and the Access Health Program shall not be provided to me till such payment is made to IHO. In the event of cancellation of the IHO card within the free-look period provided by IHO, the fee amount deducted shall be refunded on request/maturity of the loan after adjusting all amounts and charges due by me/us under the SMHFC Loan Agreement.

For intimation of claim or any clarification with respect to the policy conditions, please contact ICICI Lombard insurance company Ltd at the ihealthcare@icicilombard.com, customersupport@icicilombard.com or call at 1800 2666.

Group Safeguard Insurance**Self-declaration in relation to group safeguard insurance policy forming part of 'MediBuddy vHealth Gold'.**

1. I understand that Indian Health Organisation Private Limited ('IHO') is engaged in the service of providing various health care benefits through a membership system and for that purpose IHO issues membership with wellness cards/health cards to its members.
2. I understand that wellness membership is the primary product of IHO. IHO is not an insurance company, third party administrator or insurance broker/agent and is not otherwise regulated by Insurance Regulatory and Development Authority of India. The group insurance policy offered by ICICI Lombard insurance company Ltd. is being bundled along with the 'MediBuddy vHealth Gold' package as an add-on benefit. IHO offers membership plans with similar benefits without insurance cover as well. I as a prospective member of IHO have the option to choose a membership plan with or without insurance cover as per its requirements.
3. I understand that the insurance policy is provided by ICICI Lombard insurance company Ltd. to me. Any grievance arising out of claims and/or services related to the insurance cover shall be directly pursued with ICICI Lombard insurance company Ltd. IHO/ SMHFC shall not be liable for any such claims.
4. I understand that the commencement of insurance coverage will start from the date set out in the certificate of insurance. ICICI Lombard insurance company Ltd. may reject any application for insurance in its sole discretion or based on its inability to obtain underwriting and IHO/SMHFC shall not be liable for the same. It is hereby clarified to me that my purchase of IHO membership does not guarantee entitlement to the insurance policy by ICICI Lombard insurance company Ltd.
5. I understand that IHO/SMHFC would not be liable for a deficiency in the services of ICICI Lombard insurance company Ltd., in any case whatsoever.
6. I understand that the insurance coverage would stand automatically terminated on expiry of my IHO membership in the enrollment certificate or earlier termination of the membership owing to a misrepresentation/fraud/suppression of material facts/non-cooperation by myself and/or any of my family member enrolled for the membership.
7. I understand that the decision of ICICI Lombard insurance company Ltd. regarding adjudication of claims will be final and binding.
8. I understand that IHO does not charge any separate fees or commission for making this insurance program available to me and/or any of my family members enrolled for the membership.
9. I understand that no cancellation shall be carried out if a valid request is not made by me within 15 days of receipt of IHO's vHealth Gold Plan's welcome pack. For detailed terms and conditions, please refer vhealth.io.

List of family members to be covered under this card are as follows:

Sr. No.	Name	DOB	Relationship	Add on Benefits	Nominee Name	Nominee DOB* (Mandatory Adult)	Relationship
1	PRIMARY MEMBER	DD-MM-YYYY		Yes	CO-APPLICANT MEMBER	DD-MM-YYYY	
2	CO-APPLICANT MEMBER	DD-MM-YYYY		Yes	PRIMARY MEMBER	DD-MM-YYYY	
3				NA	NA	NA	NA
4				NA	NA	NA	NA

***In case the nominee is minor, please fill in the below details:**

Sr. No.	Appointee Name	DOB	Relationship with nominee
1		DD-MM-YYYY	

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.

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I have applied and given my consent to avail the benefits of the Health Card ("Wellness Card") issued by Indian Health Organisation Pvt. Ltd. (IHO). I am aware that this facility is optional for the purpose of loan application. 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: _____